

# **Primary Care Commissioning Committee**

**Tuesday 16 January 2018**

**15:00 – 17:00**

**Meeting Room 1,  
Corby Enterprise Centre, London Road, Corby NN17 5EU**



## A G E N D A

### Primary Care Commissioning Committee

Tuesday 16 January 2018

15:00 – 16:30

Meeting Room 1, Corby Enterprise Centre, London Road, Corby NN17 5EU

Time	Agenda Item	Action	Presented by	Reference
<b>INTRODUCTORY ITEMS</b>				
15:00	<b>1.</b> Introductions and Apologies:	Note	Tansi Harper	<b>Verbal</b>
	<b>2.</b> Declarations of Interest	Note	Tansi Harper	<b>Verbal</b>
	<b>3.</b> Minutes of meeting held on 21 November 2017	Approve	Tansi Harper	<b>PC-18-01</b>
	<b>4.</b> Matters Arising and Action Log	Assurance	Tansi Harper	<b>PC-18-02</b>
<b>GOVERNANCE AND ASSURANCE</b>				
15:10	<b>5.</b> Risk Register	Assurance	Jay Dobson	<b>PC-18-03</b>
15:15	<b>6.</b> Year 3 PMS Re-investment Premium Funding Service Specification	Approve	Julie Lemmy	<b>PC-18-04</b>
<b>STANDING ITEMS</b>				
15:25	<b>7.</b> Finance Update	Assurance	Mike Alexander	<b>PC-18-05</b>
15:35	<b>8.</b> Quality Dashboard	Assurance	Sharon Wright	<b>PC-18-06</b> <b>To follow</b>
15:45	<b>9.</b> Delegated Commissioning: • Work Programme Update	Assurance	Julie Lemmy	<b>PC-18-07</b>
15:55	<b>10.</b> NHS England Update	Assurance	Keiren Leigh	<b>PC-18-08</b>
16:05	<b>11.</b> Primary Care Operational Group - Minutes of meeting 24 October 2017 and Draft minutes of meeting 30 November 2017	Assurance	Julie Lemmy	<b>PC-18-09</b>
16:10	<b>12.</b> Workforce Group	Note	Dr Sanjay Gadhia	<b>Verbal</b>
16:15	<b>13.</b> PMS Group	Note	Julie Lemmy	<b>Verbal</b>
<b>FOR INFORMATION</b>				
16:20	<b>14.</b> Register of Interests	Information	Tansi Harper	<b>PC-18-10</b>
<b>DATE OF NEXT MEETING</b>				
The next meeting will be held at <b>15:00</b> on <b>Tuesday 20 March 2018</b> in Meeting Room 1, Corby Enterprise Centre.				

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Minutes of previous meeting</b>	<b>Number:</b>	<b>PC-18-01</b>
<b>Author:</b>	Primary Care Commissioning Committee	<b>Contact No:</b>	01536 560420
<b>Executive Sponsor:</b>	Caron Williams, Director of Commissioning and Strategy	<b>Presented by:</b>	Tansi Harper, Lay Member for Patient and Public Engagement

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

Minutes of the meeting held on 21 November 2017 for approval.

**Recommendations**

**The Committee is asked to:**

- Approve the minutes of the meeting held on 21 November 2017

**Committee Action Required**

<input checked="" type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For Update/Information</b>

## Minutes of the Primary Care Commissioning Committee Meeting

Tuesday 21 November 2017 at 15:00

Meeting Room 1, Corby Enterprise Centre, London Road, Priors Hall Corby NN17 5EU

### Present

Tansi Harper	Lay Member NHS Corby CCG (Chair)
Mike Alexander	Chief Finance Officer, NHS Corby CCG
Helen Storer	Independent Lay Member, NHS Corby CCG
Caron Williams	Director of Commissioning & Strategy, NHS Corby CCG

### In Attendance

Dr Sanjay Gadhia	GP Governing Body Member, NHS Corby CCG
Neil Hemmings	Member of Public (Observing)
Dr Sebastian Hendricks	Secondary Care Consultant
Dr Jonathan Ireland	Chair, Local Medical Council
Salim Issak	Assistant Contract Manager, NHS England Central Midlands
Julie Lemmy	Head of Primary Care, NHS Corby and NHS Nene CCGs
Sara Nye	Executive Assistant, NHS Corby CCG
Dr Miten Ruparelia	Clinical Vice Leader, NHS Corby CCG
Dr Nathan Spencer	GP Governing Body Member, NHS Corby CCG
Dr Joanne Watt	Clinical Chair, NHS Corby CCG

### Apologies

Carole Dehghani	Chief Executive, NHS Corby CCG
Jay Dobson	Interim Corporate Services & Governance Manager
Andrew Hammond	Lay Member, NHS Corby CCG
Jane Kettlewell	Interim Deputy Chief Finance Officer
Sharon Wright	Interim Quality Improvement manager, NHS Corby and NHS Nene CCGs

Minute No.	Agenda Item
PCCC17/18 048	<b>Welcome and Introductions</b> Mrs Harper welcomed members to the meeting and introductions were made for the benefit of Mr Hemmings.
PCCC17/18 049	<b>Apologies for Absence</b> Apologies were recorded as above.
PCCC17/18 050	<b>Declarations of Interest</b> Dr Spencer both expressed Declarations of Interest in Item 6, 7 and to an extent 10. All GPs were noted not to be voting members of the Committee.
PCCC17/18 051	<b>Previous Minutes</b> Following a minor amendment the minutes of the previous meeting held on 19 September 2017 were <b>APPROVED</b> as an accurate record of the meeting.
PCCC17/18 052	<b>Action Log</b> The matters arising and action log from meeting 19 September 2017 were considered by the Committee. Further actions were noted and would be added to the log and circulated.

**Action: Mrs Nye**

The Committee **NOTED** the Matters Arising and Action Log.

**PCCC17/18 053      360° Survey Results Summary**

Mrs Harper presented the 360° Survey Results Summary in the absence of Mr Dobson. Dr Ireland queried the responses received were only from two practices. Dr Ruparelia advised that this had been raised earlier in the Council of Members meeting and confirmed that only two out of five surgeries had given feedback. The survey was being sent out to all senior partners, practice managers and practice development leads for their action and feedback.

The Committee **NOTED** the 360° Survey Results Update.

**PCCC17/18 054      Locally Commissioned Services Near Patient Testing (NPT) Review**

Ms Lemmy advised that the paper was in response to an action raised at Nene CCG's Primary Care Co-Commissioning Joint Committee meeting in January 2017. The committee requested that a task and finish group, led by Medicines Management and attended by members of the LMC and clinical colleagues at both Nene and Corby CCGs be set up to review the existing list of Amber 1 drugs which have an associated Near Patient Testing (NPT) fee.

The committee were asked to approve the decision made by the Task and Finish group to remove 16 Amber 1 drugs as they either required no monitoring within primary care, were classed as Red drugs or have been discontinued.

Discussion took place around the governance perspective and financial implications. It was noted that Dr Gadhia had been part of the task and finish group. The committee were in full support>

The Committee **APPROVED** the Locally Commissioned Services Near Patient Testing (NPT) Review.

**PCCC17/18 055      PMS Premium Reinvestment Year 3 Draft Proposal**

Ms Lemmy presented the papers which contained a proposal for the reinvestment of the Personal Medical Services (PMS) reinvestment premium funding for year 3. The proposed service would provide a mechanism to allow Corby practices to be paid £0.50p per patient per year for the provision of Ear Irrigation. The service currently falls outside of the core General Medical Services (GMS) and PMS contracts.

The committee were asked to agree in principle the funding proposal pending further development of service specifications for the recommended provision. Copies of the service specification would come to the January meeting.

Dr Spencer clarified that this was primary care money. Dr Gadhia said this was based on National guidance. Dr Ruparelia challenged there were other services in primary care that are not funded. Discussion took place and Mrs Harper thanked everyone for taking part in the challenge.

The Committee **APPROVED** the PMS Premium Reinvestment Year 3 Draft Proposal

**PCCC17/18 056      Risk Register / BAF Update**

Mrs Williams advised that the Risk Register detailed the risks identified for the Committee and that each risk had been reviewed and updated to reflect any changes and progress on actions.

Risk PC5 – Dr Ireland advised that he had met with the Federation earlier and recruitment of alternative support was needed.

PC10 – Premises – discussion took place to support packages and think about how big the population will be in the future

Mrs Harper felt that progress was being made and thanked everyone for their involvement.

The Committee **NOTED** the update on the Risk Register.

#### **PCCC17/18 057**

##### **Finance Update**

Mr Alexander presented the Finance Update to the Committee. Appendix 1 showed the forecast outturn for delegated funds. As reported in month 5, the forecast remains to plan. Some of the central charges were yet to be received from NHS England.

Discussions were taking place with NHS England around the financial situation. Following the Expert Determination the CCG still have to deliver full in year recovery.

Mrs Harper thanked Mr Alexander for his update.

The committee **NOTED** the update.

#### **PCCC17/18 058**

##### **Delegated Commissioning- Work Programme Update**

Ms Lemmy gave an update on the Primary Care Operations Group work plan for 2017/18. The Primary Care Ops group continues to meet and the approved minutes of the meetings from September and draft October minutes were tabled.

Ms Lemmy commented the workforce strategy was being developed and a bid regarding International Recruitment was due in on 30 November.

The Committee **NOTED** the update on Delegated Commissioning Work Programme.

#### **PCCC17/18 059**

##### **NHS England Update**

Mr Issak presented the NHS England Update.

The update was based on Pharmacy integration fund, General Practice forward view, improving access, winter and more out of hours GP services to be made available.

One application had been received for a clinical pharmacist in this area. It was noted that NHS England would be making a decision on all Wave 3 applications by the end of November.

Discussion took place around flu jabs for care home staff – this would cover both residential and nursing homes. Dr Gadhia asked how this was communicated locally. Dr Ireland also asked if carers could have flu jabs. Debate took place around unregistered carers. It was suggested that Mr Issak contact Matt Youdale from Arch Communications regarding communications for care home staff.

The Committee **NOTED** the NHS England update.

#### **PCCC17/18 060**

##### **Sub-Group Meeting Updates: Primary Care Operational Group**

The Committee noted the Primary Care Operational Group approved minutes of the meetings from 26 September and draft minutes from 24 October.

**PCCC17/18 061      Workforce Group**

Workforce Group – Dr Gadhia advised that the workforce strategy was now developed. It was recognised that if the bid for funding was successful, support would be provided for GPs appointed from abroad as mentioned in the Delegated Commissioning update earlier in the meeting.

**PCCC17/18 062      PMS Group**

It was noted that the PMS service specification would be brought for approval at the January meeting.

The Committee **NOTED** the Sub-group updates.

**PCCC17/18 063      Register of Interests**

Mrs Harper presented the Register of Interests.

The Committee **NOTED** the Register of Interests.

**PCCC17/18 064      Date and Time of the next meeting**

The next meeting would be held at 15:00 on Tuesday 16 January 2018 in Meeting Room 1 at Corby Enterprise Centre.

Mrs Harper brought the meeting to a close at 16.10 p.m.

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Action Log</b>	<b>Number:</b>	<b>PC-18-02</b>
<b>Author:</b>	Primary Care Commissioning Committee	<b>Contact No:</b>	01536 560420
<b>Executive Sponsor:</b>	Caron Williams, Director of Commissioning and Strategy	<b>Presented by:</b>	Tansi Harper, Lay Member for Patient and Public Engagement

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

Action Log from the meeting held on 21 November 2017.

**Recommendations**

**The Committee is asked to:**

- To note the Action Log from the meeting of the 21 November 2017

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For Update/Information</b>



	Completed
	On Track
	Overdue
	No further action

## Action Log Primary Care Commissioning Committee (PCCC)

Updated 29 November 2017

Action Number	Subject	Action	Lead	Status	Timescale	RAG
18 July 2017						
PC-31	Payment for GP Child Protection Reports	Piece of work to be undertaken to identify which organisation is responsible for the payment of GP safeguarding reports.	Mike Alexander	21.11.2017 – Mr Alexander would pick this action up and discuss with Tina Swain	16 January	
			Tina Swain	19.9.2017 – updated awaited from Tina Swain	21 November	

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**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Risk Register January 2018</b>	<b>Number:</b>	<b>PC-18-03</b>
<b>Author:</b>	Jay Dobson - Associate Director to the Chief Executive and Chief Finance Officer	<b>Contact No:</b>	01536 560419
<b>Executive Sponsor:</b>	Mike Alexander, Chief Finance Officer	<b>Presented by:</b>	Jay Dobson - Associate Director to the Chief Executive and Chief Finance Officer

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

The purpose of the enclosed report is to provide the committee with an updated view of the Risk Register

**Recommendations**

**The Committee is asked to:**

- The Committee is requested to note the report and request any further detail or assurance from the risk leads

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Update/Information</b>

# RISK RATING MATRIX

IMPACT	Catastrophic 5	5	10	15	20	25
	Serious 4	4	8	12	16	20
	Moderate 3	3	6	9	12	15
	Minor 2	2	4	6	8	10
	Insignificant 1	1	2	3	4	5
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
LIKELIHOOD						

KEY:

Low Risk (1-3)	Moderate Risk (4-6)	High Risk (8-12)	Extreme risk (15 – 25)
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Impact Chart					
Level	Descriptor	Financial	Service Delivery	Health Safety &	Reputational
1	Insignificant	Less than £100k	A slight adjustment to service	First aid treatment.	No Effects on reputation
2	Minor	£100k - £250k	Service quality impaired	Medical treatment required.	Slight reputation damage arising
3	Moderate	£250k - £500k	Significant reduction expected.	Serious injuries	Uncomfortable for Organisation
4	Serious	£500k - £1m	Service quality cannot be maintained	Excessive injuries.	Reputation damage Key Stakeholders
5	Catastrophic	Above £1m	Potential closure of the CCG	Death	Reputation damage is irrecoverable

Key	
Committee	Title
GB	Governing Body
COM	Council of Members
FC	Finance Committee
A&R	Audit & Risk Committee
QC	Quality Committee
PPEA	Patient and Public Engagement Assurance Committee
PCCC	Primary Care Commissioning Committee
Executive Meeting	Weekly Executive Meeting

Likelihood Chart		
Level	Descriptor	Description
1	Rare	The event may occur only in exceptional circumstances – within 1 – 3 years
2	Unlikely	The event could occur at some time – within 12 months
3	Possible	The event should occur at some time – within 6 months
4	Likely	The event will probably occur in most circumstances – within a month
5	Almost Certain	The event is expected to occur – within a week

## NHS Corby CCG Corporate Risk Register - Index

PCCC Ref	RR Ref	Risk Description	Inherent Risk Score	Sep-17	Nov-17	Jan-18	Trend
PC3	CRR10	Same Day Access (SDA) access options	4 x 3 = 12	12	4 x 3 = 12	4 x 3 = 12	↔
PC4	CRR11	Federation developments including Lakeside and 3 Sixty	4 x 3 = 12	12	4 x 3 = 12	4 x 3 = 12	↔
PC5	CRR12	Risk of lack of a robust and effective plan to recruit and retain GPs • Retirement of existing GPs from member practices • Inability to recruit new GPs to the area. • Lack of University teaching school in the County • People do not want to live in the CountyEffect: • Insufficient GP provision to meet patient need • Increased pressure on A&E and other services • Poor Patient Experience	4 x 3 = 12	12	4 x 3 = 12	4 x 3 = 12	↔
PC7	CRR14	QOF Risk relating to the lack of access to the national CQRS reporting system in relation to QOF.	4 x 3 = 12	12	4 x 3 = 12	4 x 3 = 12	↔
PC10	CRR16	Premises Risk of financial impact of lack of completed 3 yearly rent reviews for member practices. The CCG are aware that NHSE are behind on rent reviews, those practices who have not had their rent reviewed have been identified	4 x 1 = 4	3	3 x 1 = 3	3 x 1 = 3	↔
PC11		Resilience Fund Risk of their being no new schemes for 2017/18 due to the 2016/17 schemes being carried over to the current year. There has been a 50% cut and NHSE were proposing a contingency pot of money for any urgent schemes	3 x 4 = 12	12	3 x 4 = 12	3 x 4 = 12	↔
PC12		AQP & LCS Risk of challenge to the CCGs as legacy contracts have not been retendered and possible distabilsation of existing providers. Conflict of interest of GPs working in the CCGs which could lead to a challenge from the external market.	3 x 4 = 12	12	3 x 4 = 12	3 x 4 = 12	↔

PRIMARY CARE COMMISSIONING COMMITTEE RISK REGISTER

BAF / CRR ref	Risk Ref	Monitoring Committee	Risk definition	Executive Lead	Operational Lead	Cause and Effect	Inherent risk score L x I	Existing mitigation/Controls	Assurance / Evidence  Who / Where can we gain evidence that these controls are working effectively?	Assurance Level (see key)	Residual Risk Score L x I	Last Month L x I	Trend	Delivery Date	Updated	Planned Actions	Progress on Action
CRR10	PC3	PCCC	Same Day Access (SDA) access options  Increased use of urgent care facilities for same day access primary care needs	Caron Williams, Director of Commissioning and Strategy	Bie Grobet, Assistant Director of Commissioning	<b>Cause</b> - NHSE requirement  <b>Effect</b> - Improve primary care access	4 x 3 = 12	Identify any unspent money for SDA investments as part of the gateway process. SDA Specification written and overall funding envelopes agreed as part of the Federation /Super Practice gateway process, SDA model discussed at CoM meeting and with Federation and Super Practice  Option appraisal per SDA delivery written in specification.	Beth George chairs a working group on this item which meets regularly to discuss new initiatives around the SDA and the GP five year forward view.		4 x 3 = 12	12	↔	Nov-17	Jan-18	Service specification has been agreed by NHSe (Dec17). PIN notice has been issued Working closely with NHSe on this procurement and mobilisation	Having meetings with NHSe and County-wide regularly
CRR11	PC4	PCCC	Federation developments including Lakeside and 3 Sixty  Complex new model of care - rapidly emerging Policies - lots of stakeholders, diversity and views on delivery.	Caron Williams, Director of Commissioning and Strategy	Bie Grobet, Assistant Director of Commissioning	<b>Cause</b> - NHSE requirement  <b>Effect</b> - Improve primary care access	4 x 3 = 12	Development of new models of care with Federations and super practice. Both organisations attending CCG Governing Body Meeting in August 2016.  <b>Control:</b> Gateway Assurance process agreed and in place for Federations. Gateway 1 completed, Gateway 2 completed Jan 2017. Draft Specifications comments received and reviewed. Clinical reference group developed across Corby and Nene.  <b>Action:</b> Operational Group to be established to take the actions further. CW and BG engaged in the gateway process.	Dedicated lead appointed (Dr Sanjay Gadhia) • Primary Care Workforce Sub Group established as a sub-group of the LWAB • Workforce update added as standing agenda item of the Primary Care Commissioning Committee		4 x 3 = 12	12	↔	Mar-18	Jan-18	Actions: International Recruitment Bid to be submitted on 1 November 2017 Workforce Strategy being developed - draft to be submitted to NHSE by 30 November 2017 Workforce Group meets monthly	Bid submitted and now we are awaiting the outcome
CRR12	PC5	PCCC	Risk of lack of a robust and effective plan to recruit and retain GPs  • Retirement of existing GPs from member practices • Inability to recruit new GPs to the area. • Lack of University teaching school in the County • People do not want to live in the County <b>Effect:</b> • Insufficient GP provision to meet patient need • Increased pressure on A&E and other services • Poor Patient Experience	Caron Williams, Director of Commissioning and Strategy	Bie Grobet, Assistant Director of Commissioning	<b>Cause</b> - NHSE requirement  <b>Effect</b> - Improve primary care access	4 x 3 = 12	<b>Controls:</b> • Dedicated lead appointed (Dr Sanjay Gadhia) • LETC Primary Care Workforce Sub Group established as a sub-group of the Primary Care Commissioning Committee • Workforce update added as standing agenda item of the Primary Care Commissioning Committee  <b>Actions:</b> • Develop Primary Care at Scale under the five year forward view by 2018 as part of the Federations/ Super Practice gateway process, Primary Care Operational group looking at submitting a resilience fund bid across all 5 practices, SDA model will start to address the shortfall of GP appointments through the development of MCP offers in the Federation and Super Practice	• Primary Care Workforce Sub Group established as a sub-group of the LWAB • Workforce update added as standing agenda item of the Primary Care Commissioning Committee		4 x 3 = 12	12	↔	Mar-18	Jan-18	Action: to escalate lack of process to NHSE, as this was previously undertaken nationally on behalf of the CCG. NHSE have confirmed the current process as detailed in the policy booklet NHSE. We have also obtained the Capita National SLA which appears to cover list size reviews. KL to check the detail with Capita. Feedback at next PCCC in April 17 to get the matter resolved.	Ongoing
CRR14	PC7	PCCC	QOF  Risk relating to the lack of access to the national CQRS reporting system in relation to QOF.	Caron Williams, Director of Commissioning and Strategy	Julie Lemmy, Head of Primary Care		4 x 3 = 12	<b>Control:</b> National training being undertaken by the Primary Care Team. National reporting still being provided by NHSE due to lack of access for the CCG due to system set up.  <b>Action:</b> the CCG will work with NHSE CQRS Lead to obtain the data and then develop local policy to undertake QOF validation reviews. However in the mean time the CCG must await further guidance on the national outcomes on this. December 2016 - early indications suggest that CCGs will not have access to the system to September 2017 .			4 x 3 = 12	12	↔	Apr-18	Nov-17	No change	
CRR16	PC10	PC Ops	Premises  Risk of financial impact of lack of completed 3 yearly rent reviews for member practices. The CCG are aware that NHSE are behind on rent reviews, those practices who have not had their rent reviewed have been identified	Caron Williams, Director of Commissioning and Strategy	Julie Lemmy, Head of Primary Care		4 x 1 = 4	<b>Control:</b> CCG working with NHSE area team and the LMC to monitor practices  <b>Action:</b> Practice visits, quality monitoring via Risk Sharing & Ops group.			3 x 1 = 3	3	↔	May-17	Nov-17	October 2017 - NHSE resilience funding available for emergency support and the OPS group will continue to monitor practices.	
CRR21	PC11	PCCC	Resilience Fund  Risk of their being no new schemes for 2017/18 due to the 2016/17 schemes being carried over to the current year. There has been a 50% cut and NHSE were proposing a contingency pot of money for any urgent schemes	Caron Williams, Director of Commissioning and Strategy	Julie Lemmy, Deputy Director of Primary Care		3 x 4 = 12	<b>Control:</b> Application of the conflict of interest policy to manage potential challenges.  <b>Action:</b> Full review of all services to be undertaken jointly with Nene CCG by 1 April 2018. Finance Committee and Operational Group to manage the associated risks of any challenges.			3 x 4 = 12	12	↔	Apr-18	Nov-17	October 2017 - Paper sent to Finance Committee and final paper with options going in December 2017	
CRR22	PC12	PCCC	AQP & LCS  Risk of challenge to the CCGs as legacy contracts have not been retendered and possible destabilisation of existing providers. Conflict of interest of GPs working in the CCGs which could lead to a challenge from the external market.	Caron Williams, Director of Commissioning and Strategy	Daljit Sandhu Project Manager/Julie Lemmy, Deputy Director of Primary Care		3 x 4 = 12	<b>Control:</b>  <b>Action:</b>			3 x 4 = 12	12	↔	Apr-18	Nov-17	No Controls or Actions Given	

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**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Year 3 PMS Reinvestment Premium Funding Draft Service Specification</b>	<b>Number:</b>	<b>PC-18-04</b>
<b>Author:</b>	Amanda Swingler, Primary Care Development Manager and Julie Lemmy, Deputy Director of Primary Care	<b>Contact No:</b>	<b>01604 651717 01604 651334</b>
<b>Executive Sponsor:</b>	Caron Williams, Director of Commissioning and Strategy	<b>Presented by:</b>	Julie Lemmy, Deputy Director of Primary Care

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input checked="" type="checkbox"/>	<b>4. Commission</b>	<input type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

This paper provides the Primary Care Commissioning Committee (PCCC) with the draft service specification for the PMS Reinvestment Premium funding for year 3.

A paper for the reinvestment of the PMS premium funding for Year 3 (2018/19) was presented PCCC for ratification in November 2017. The Committee approved the reinvestment of £0.50p per patient registered with a Corby GP for Ear Irrigation services.

With the support of the LMC, associated training will also be identified for clinical practice staff.

**Recommendations**

The committee is asked to:

- Approve the draft specification of the Year 3 PMS Reinvestment Premium funding.

**Committee Action Required**

<input checked="" type="checkbox"/>	<b>Approval/Decision</b>	<input checked="" type="checkbox"/>	<b>For Review</b>
<input type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For Update/Information</b>

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

#### **PMS Reinvestment Premium Funding Year 3 – 2018/19**

This Agreement outlines the services to be provided by the Provider, for the PMS Reinvested Year 1, 2 & 3 Funding Premium for 2018/19. This agreement is for a period of twelve months, commencing from 1 April 2018 to 31 March 2019.

#### **Year 1, 2 & 3 - Funding Arrangement:**

##### **Corby CCG**

The years 1, 2 and 3 funding per practice equates to **£1.50 per registered patient**. Based on the national average list size of 7233 payment would be approximately £10849.50 per year.

The proposal put forward for 2017/2018 by the Task and Finish Group (TAFG) and agreed by PCCC was to commission the following service:

- Yrs. 1 - Choose and Book (C&B)
- Yrs. 2 - Spirometry Diagnostic Testing
- Yrs. 3 - Ear Irrigation

A payment of a maximum of £1.50 will be paid per registered patient. For the purposes of payments, the contractor's registered population (CRP) will be as at 1 January 2016 (published list size data). This will be payable by NHS Corby CCG in equal monthly instalments (total budget/12).

#### **Year 1 - Commissioned Services**

***'Choose and Book Referrals' (this service should be provided to both 'Registered Patients and Non Registered Patients') Nene & Corby member practices.***

Choose and Book is a provision that ensures patient choice is optimised when clinical referral to secondary care services is required.

Patients find this service invaluable when trying to negotiate referral pathways and it enables patients to make an informed choice about their care with the appropriate information.

This service is not currently funded and without this patients could potentially need multiple referrals if times and dates were not suitable for them.

The impact on patients would be a poor quality transfer of care. In addition, secondary care would be adversely affected with increased administrative workload which could potentially pull resources from healthcare professionals.

The CCG will require the practice to ensure that all referrals are made via Choose & Book, and provide data on an annual basis of the number of patients who have received a 'Choose & Book referral between **1<sup>st</sup> April 2018** and **31<sup>st</sup> March 2019**.

## Reporting Requirements:

Choose & Book referral monitoring	Please provide the number of Patients who have received a 'C&B' referrals issued by the practice.	
	Registered Patients	Non Registered Patients
Total number of C&B referrals issued during the financial year of 2017/18*		

\*Annual data to be submitted to the NHS Corby CCG on [nccg.esclaims@nhs.net](mailto:nccg.esclaims@nhs.net) by **30<sup>th</sup> May 2019**.

## Year 2 - Commissioned Services

***'Diagnostic Spirometry Testing (COPD & ASTHMA) (this service should be provided to both 'Registered Patients and Non Registered Patients') Nene & Corby Practices.***

New guidance states<sup>1</sup> Spirometry is one of the main investigations used for diagnosing respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma. COPD is a disease of the lungs that is characterised by airflow obstruction or limitation.

It is now the most widely used term by clinicians for the conditions in people with airflow obstruction who were previously diagnosed as having chronic bronchitis or emphysema or chronic unremitting asthma.

The airflow obstruction is usually progressive, not fully reversible (unlike asthma) and does not change markedly over several months. It is treatable, but not curable; early diagnosis and treatment can markedly slow decline in lung function and hence lengthen the period in which someone can enjoy an active life.

The interpretation of the results relies not only on the test performance and outcome but must be considered in the context of other clinical information - physical assessment, history taking, blood tests and x-rays.

Given the intricacy of these factors, there is evidence to suggest that there is significant misdiagnosis of respiratory disease and less than optimum or appropriate treatment for patients.

### **Practices will be required to:**

- Ensure early, prompt and accurate diagnosis of people with COPD/Asthma (excluding patients who are already managed via the practice QOF registers);

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<sup>1</sup> Improving the quality of diagnostic spirometry in adults: the National Register of certified professionals and operators, NHS England, September 2016



- Maximise the utilisation of evidence-based, cost-effective interventions for people with COPD including smoking cessation and pneumonia and influenza vaccination;
- Undertake a baseline assessment of spirometry services on this.

The CCG will require the practice to provide data on an annual basis the number of patients who have received a spirometry test between **1<sup>st</sup> April 2018** and **31<sup>st</sup> March 2019**.

### Reporting Requirements:

Diagnostic Spirometry Testing monitoring	Please provide the number of Patients who have received a spirometry test by the practice.	
	Registered Patients	Non Registered Patients
Total number of diagnostic spirometry tests completed for newly diagnosed patient only during the financial year of 2017/18*		

\*Annual data to be submitted to the NHS Corby CCG on [nccg.esclaims@nhs.net](mailto:nccg.esclaims@nhs.net) by **30<sup>th</sup> May 2019**.

#### Notes for practices:

1. Practices entering into this agreement agree to participate fully with any post payment verification and validation process determined by the CCG and LMC.
2. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available as and when required.
3. The Contractor will be paid monthly as detailed above.
4. Annual data submissions to be submitted to the NHS Corby CCG on [nccg.esclaims@nhs.net](mailto:nccg.esclaims@nhs.net) by **30<sup>th</sup> May 2019**.

### Year 3 - Commissioned Services

***‘Ear Irrigation’ (this service should be provided to both ‘Registered Patients and Non Registered Patients’) Nene and Corby Practices only.***

The assessment and on-going care for Ear Irrigation is widely considered over and above core GMS/PMS work. NHS Corby CCG are aware that many practices are considering whether they are able to continue providing this service. A number of practices have already ceased delivering this service and are referring patients to one of the number of practices who have an Aural Toilet Locally Commissioned Services (LCS) contract. Therefore, it was decided that £0.50p of Year 3 PMS Reinvestment Monies would be allocated per registered to fund an Ear Irrigation service as per NICE guidance:

<https://cks.nice.org.uk/earwax#!scenario>

### Reporting Requirements:

The CCG will require the practice to provide data on an annual basis\* the number of patients who have received Ear Irrigation between **1st April 2018** and **31st March 2019**.

Ear Irrigation in General Practice	Registered Patients	Non Registered Patients
Total number of patients who have had Ear Irrigation. <b>Read Codes Systm1 XaYtU, EMIS/VISION 9NkP;</b>		

\*Annual data to be submitted to the NHS Corby CCG on [nccg.esclaims@nhs.net](mailto:nccg.esclaims@nhs.net) by **30<sup>th</sup> May 2019**.

DRAFT

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Finance Update – Month 9</b>	<b>Number:</b>	<b>PC-18-05</b>
<b>Author:</b>	Jane Kettlewell, Interim Deputy Chief Finance Officer	<b>Contact No:</b>	01536 560425
<b>Executive Sponsor:</b>	Mike Alexander, Chief Finance Officer	<b>Presented by:</b>	Mike Alexander, Chief Finance Officer

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input checked="" type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

Appendix 1 shows the forecast outturn for delegated funds. The forecast remains to plan.

- Some of the central charges are yet to be received from NHS England.
- Global sum forecast has been reduced as growth is currently under budget
- Rates are under budget due to the rates reassessment – this was backdated
- £600k of Urgent Care activity is charged to 'other' and set aside

**Recommendations**

**The Committee is asked to:**

- Note the update

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Update/Information</b>

**CORBY CCG Delegated Budgets**

	2017/18 Budget	2017/18 Fcast Outturn	2017/18 Fcast Outturn
	£'000	At month 9	At month 5
	£'000	£'000	£'000
Allocation	9,898,000	9,898,000	9,898,000
1% Set aside	-98,980	-98,980	-98,980
Dispensing Drs	45,000	45,000	45,000
Add back set aside	98,980	98,980	98,980
	<b>9,943,000</b>	<b>9,943,000</b>	<b>9,943,000</b>
<b>GMS Contract</b>	<b>6,660,028</b>	<b>6,622,855</b>	<b>6,660,028</b>
Global Sum	6,424,214	6,387,041	6,424,214
MPIG	8,030	8,030	8,030
PMS Transition Payments	148,313	148,313	148,313
Use of GMS/PMS	79,471	79,471	79,471
<b>Premises</b>	<b>907,792</b>	<b>819,064</b>	<b>789,058</b>
Actual rent	165,000	165,000	165,000
Notional rent	514,956	514,956	514,956
Rates	211,065	92,331	92,331
trade ref	10,849	10,849	10,849
Water Rates	5,922	5,922	5,922
CQC Cost	0	30,006	0
<b>Enhanced Services</b>	<b>298,021</b>	<b>298,021</b>	<b>298,021</b>
Learning Dis	23,011	23,011	23,011
DSQS	5,107	5,107	5,107
Minor Surg	130,628	130,628	130,628
Extended Hrs	139,275	139,275	139,275
<b>QOF</b>	<b>993,825</b>	<b>993,825</b>	<b>993,825</b>
Aspiration	695,678	695,678	695,678
Achievement	298,147	298,147	298,147
<b>PCO</b>	<b>97,259</b>	<b>97,259</b>	<b>97,259</b>
Drs Retainer Scheme	5,125	5,125	5,125
Seniority	92,134	92,134	92,134
<b>Dispensing Fees</b>	<b>317,968</b>	<b>317,968</b>	<b>317,968</b>
Prof fees -Disp	297,172	297,172	297,172
Prof fees - Presc	22,805	22,805	22,805
Presc/Disp charges collected	-2,009	-2,009	-2,009
<b>Central Contracts</b>	<b>569,127</b>	<b>695,028</b>	<b>687,861</b>
Clin Waste	25,910	25,910	25,910
Mat Leave	28,339	30,566	30,566
Occy Health	2,267	2,267	2,267
Sickness	2,185	60,918	60,918
Sterile Equip	8,251	7,794	7,794
Susp Drs	5,825	6,640	6,640
Translation	20,506	19,148	19,148
Leg Ulcer Clinic	65,000	65,000	65,000
Clinical Peer Review	76,785	76,785	76,785
Other	334,059	400,000	392,833
<b>Sub Total</b>	<b>98,980</b>	<b>98,980</b>	<b>98,980</b>
Set aside 1%	98,980	98,980	98,980
<b>Total</b>	<b>9,943,000</b>	<b>9,943,000</b>	<b>9,943,000</b>

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Delegated Commissioning Plan - Primary Care Operations Project Status Reports</b>	<b>Number:</b>	<b>PC-18-07</b>
<b>Author:</b>	Julie Lemmy, Deputy Director of Primary Care	<b>Contact No:</b>	01604 651334
<b>Executive Sponsor:</b>	Caron Williams, Director of Commissioning and Strategy	<b>Presented by:</b>	Julie Lemmy, Deputy Director of Primary Care

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

The committee is asked to note the project status reports attached, which are in the new format noting the AQP project progress report is now being reported via the Finance Committee so these are shown as completed for this committee.

The Primary Care Ops group continues to meet and the minutes/acitons of the meetings for October 2017 and November 2017 (draft) are being tabled for information at the January meeting.

**Recommendations**

The Committee is asked to:

- Note the project status reports and primary care operations group actions notes from the meetings held in October and November (draft) 2017.

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Update/Information</b>



Project Status Report		Summary		ID No	2.1 to 2.7
Programme Name	Locally commissioned services (Nene/Corby)	Reporting Date	Jan-18		
Programme Sponsor	Charlotte Fry/Caron Williams				
Programme Leader	Julie Lemmy/Bie Grobert	Milestone RAG	AMBER / GREEN		
Project Name	Countywide LCS		AMBER / GREEN		
Clinical Lead	Naomi Caldwell/Sanjay Gadhia	Overall RAG			
<b>Brief Description of Scheme:</b> All locally commissioned services to be reviewed and outcome to be included in the commissioning intentions for 2018/19 if applicable. Remaining LCS (list based) to be reviewed by Primary Care Ops Group and produce recommendations for PCCC. ECG, Near Patient Testing, Neo-natal, Warfarin,DVT,Primary Care Development Scheme.		<b>Progress against milestones:</b> <i>Where are there significant variances from plan milestones and/or savings</i>			
<b>Progress and Key Updates This Period:</b> Commissioning intentions have been now been approved by the CCGs and sent to all practices. Clinicians and Management Leads met to discuss the remaining services - update and recommendations to be taken to PCCC November 2017.		<b>Milestone 1:</b>	<b>Commissioning Intentions to be ratified by CCGs</b>		
		Status	Awaiting the sign off of the commissioning intentions for 2018/19. CCGs approved Cis and letters issued to providers on 24/10/2017 <b>Completed October 2017</b>		
		<b>Milestone 2:</b>	<b>Contractual arrangementfor 2018/19</b>		
		Status	Awaiting the sign off of the commissioning intentions for 2018/19 - now approved. <b>October 2017</b> - Recommendations from the Primary Care Ops group on the remaining contract, paper to PCCC in November for discussion and agreement. Nene CCG to agree to the review of the countywide LCS - discussions to take place in November 2017. <b>January 2018 - outstanding and needs to be resolved an update will be brought to the committee in February 2018.</b>		
		<b>Milestone 3</b>	<b>Commissioning of LCS for 2018/19</b>		
<b>Next Steps:</b> PCCC to agree recommendations of the Project Group recommendations for the reaminging LCS contracts. Nene CCGs to review the recommendation from the Primary Care Ops group on the remaining LCS for 2018/19. Advice from Procurement on the outcome of the review carried out by the Primary Care OPS group to be obtained once agreement to the recommendations by PCCC. <b>January 2018 - agreement of LCS services to be commissioned in 2018/19 from Nene CCG colleagues.</b>		Status	Not started.		
		<b>Risks, Issues and Mitigations:</b> Whilst most services are list based, there is always a potential challenge from other providers in the market. EQIA have been completed by Primary Care Ops group in October 2017. Procurement advice to be sought on the outcome of the clinical review of services carried out by the Primary Care Ops gorup.			
		<b>Support Required:</b> Procurement & Quality input required from CCG/NEL.			
		BLUE	Complete		
		GREEN	Successful delivery of the project is on track and seems highly likely to remain		
AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.				
AMBER	Successful delivery appears feasible but significant issues already exist				
AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to				
RED	Successful delivery appears to be unachievable. There are major issues on				

Project Status Report		Summary		ID No	3.1
Programme Name	PMS Year 3 Funding	Reporting Date	Jan-18		
Programme Sponsor	Charlotte Fry/Caron Williams				
Programme Leader	Julie Lemmy	Milestone RAG	AMBER / GREEN		
Project Name	PMS Year 3 Funding		AMBER / GREEN		
Clinical Lead	Naomi Caldwell/Sanjay Gadhia	Overall RAG			
Brief Description of Scheme: PMS funding reinvestment Scheme 2018/19		Progress against milestones: <i>Where are there significant variances from plan milestones and/or savings</i>			
		Milestone 1:	Task and Finish group to review options for Year 3 funding options		
		Status	The task and finish group met and agreed recommendations for PCCC to review and agree for 2018/19 reinvestment option for the CCG. <b>Completed October 2017</b>		
Progress and Key Updates This Period: The PMS Task and finish group met in October 2017 and the recommendation paper is going to PCCC in November which outlines the options for the reinvestment of released funding for 2018/19.		Milestone 2:	Contractual arrangementfor 2018/19		
		Status	Awaiting the sign off of recommendation paper being presented to PCCC in November 2017. <b>January 2018 - paper approved, service specificalton to be tabled at the January 2018 meeting.</b>		
		Miesltone 3	Commissioning of PMS contract for 2018/19		
		Status	Not started.		
Next Steps: PCCC to agree recommendations of the Project Group recommendations for the released PMS premium funding options for 2018/19 The Primary Care Team to produce the service spec and contract and issue to providers by 1 April 2018. Service specification to to be developed and sent to the PCCC in January 2018 Contract to be issued for 2018/19 by April 2018.		Risks, Issues and Mitigations: None			
		Support Required: Not required as funding can only be reinvested into General Practice as this is core funding linked to core contracts.			
		BLUE	Complete		
		GREEN	Successful delivery of the project is on track and seems highly likely to remain		
		AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.		
		AMBER	Successful delivery appears feasible but significant issues already exist		
		AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to		
		RED	Successful delivery appears to be unachievable. There are major issues on		



ID	Task Name	
3.2	Spirometry	Release of PMS Premium (this funding is ringfenced) and was used for year 1 funding by both CCGs. Corby CCG £0.50p contracted via standalong NHS Standard Contract - all practices signed up for 17/18
3.3	24 Hour Ambulatory Blood Pressure Monitoring (24ABPM)	Nene CCG used its PMS premium in Year 1 to fund this service and Corby included in the Practice Delivery Scheme to align and ensure consistency of access for patients.
1.2	Vasectomy AQP	Countywide service - we have 4 providers in the county delivering this service.
3.5	Leg Ulcer Clinic	Service being Procured for Corby only patients. Procurement commenced April 2017.
2.8	Primary Care Development Scheme	
7.1	Hypertension, Peer Review, Leg Ulcer & Long term Conditions	
		The scheme originates from the old access funding given to PCTs and this was developed to create a baseline of number of contacts within General Practice. Capitation payment. Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.
		See Corby Only LCS project status report.

AQP Services		
ID	Task Name	
1	AQP Services (Countywide)	Back ground on service
1.1	Aural Toilet AQP	Countywide service - we have 5 providers in the county delivering this service.
1.3	Basal Cell Carcinoma (BCC) AQP	Countywide service - we have 3 providers in the county delivering this service. Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.
1.4	Minor Surgery AQP	Countywide service - we have 3 providers in the county delivering this service. Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.
1.5	Ophthalmology AQP	Countywide service - we have 1 provider. in the county delivering this service. Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.
1.6	Carpel Tunnel AQP	Countywide service - we have 1 provider. in the county delivering this service. Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.

2	LCS (list based services)	
2.1	ECG	<p>All practices in Corby are signed up to this service. Any changes would need to be agreed via the LMC/Nene as these are delivered in most practices in the county.</p> <p>List based service - previous review deemed list based service. The OPS group along with clinicians from both CCGs need to review and agree do we continue to commission at practice level. Review to be completed by June 2017.</p> <p>Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.</p>
2.2	Near Patient Testing	<p>All practices in Corby are signed up to this service. Any changes would need to be agreed via the LMC/Nene as these are delivered in most practices in the county.</p> <p>Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.</p>
2.3	Neo-Natal	<p>All practices in Corby are signed up to this service. Any changes would need to be agreed via the LMC/Nene as these are delivered in most practices in the county.</p> <p>Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.</p>

2.4	LUTS	<p>This is a Corby only service commissioned back in 2012/13. A review needs to take place as this was linked to the wider work in Urology, the planned care leads need take this forward and complete the review. The service is open to patients in Corby, Kettering and Wellingborough and activity for Nene is cross charged to the the CCG.</p>
2.5	Warfarin	<p>All practices in Corby are signed up to this service. Any changes would need to be agreed via the LMC/Nene as these are delivered in most practices in the county.</p> <p>List based service - previous review deemed list based service. The OPS group along with clinicians from both CCGs need to review and agree do we continue to commission at practice level. Review to be completed by June 2017.</p> <p>Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.</p>
2.6	Pro-active Care	<p>This was a countywide service but Nene have decommissioned this at practice level and incorporated into the CCT scheme. The service was included in the LCS portfolio for 2017/18 whilst a decision by the CCG is made to continue to commission at practice level/Fed level etc.</p> <p>Contracted via NHS Std Contract 2017/19 - services commissioned for 12 months with a 3 months notice period.</p>

2.7	DVT	To reduce the number of low risk DVT based on national evidence. This is a Corby only service commissioned back in 2012/13.
7.1	Hypertension, Peer Review, Leg Ulcer & Long term Conditions	See Corby Only LCS project status report.

Review task	Start	Finish	Responsible	Status RED:			
Review 2020/21 Year 3 investment to be agreed Summer 2017. The reinvestment options for year 3 will need to be considered by the group in early summer to influence the year 3 premium release funding for Corby.	01/04/2016	31/03/2017	PMS Task and Finish Group				
Review 2020/21 Year 3 investment to be agreed Summer 2017 The reinvestment options for year 3 will need to be considered by the group in early summer to influence the year 3 premium release funding for Corby.	01/04/2016	31/03/2017	PMS Task and Finish Group				
Review complete- next review due 2019	n/a	n/a	Tim O'Donovan				
Bie to provide the ops group details as when available. Yearly review - review in September in line with commissioning intentions. Contracting vehicle TBA - as the OPS meeting was cancelled in August this is to be discussed and agreed at the September meeting.	01/04/2017	30/09/2017	Bie Grobet/Sanjay Gadhia				
Review activity and outcomes and included in the commissioning intentions review in September 2017. Bie to produce a briefing paper on proposed changes for the Ops group to review ahead of the next meeting in May 2017 The Ops group meeting was cancelled in June and will now meet in July - an update will be provided at the next meeting. The Ops group meeting was cancelled in August and will now meet in September - an update will be provided at the next meeting.	01/04/2017	30/09/2017	Bie Grobert/Sanjay Gadhia				
See separate project status report Completed October 2017	01/10/2017	31/10/2017	Primary Care Ops				

Review task	Start	Finish	Responsible	Status RED:
Proposal to include as part of the new community surgery service See separate project status report	01/04/2017	31/03/2018	Sustainable Elective Programme	
Proposal to include as part of the new community surgery service See separate project status report	01/04/2017	31/03/2018	Sustainable Elective Programme	
Proposal to include as part of the new community surgery service See separate project status report	01/04/2017	31/03/2018	Sustainable Elective Programme	
Proposal to include as part of the new community surgery service. See separate project status report	01/04/2017	31/03/2018	Sustainable Elective Programme	
Proposal to include as part of the new community surgery service See separate project status report	01/04/2017	31/03/2018	Sustainable Elective Programme	

<p>See separate project status report</p> <p>Paper to Primary Care Committee following the review completed in October 2017</p> <p>See separate project status report</p> <p>See separate project status report</p>	01/04/2017	30/03/2018	Primary Care Ops group
	01/04/2017	30/03/2018	Primary Care Ops group
	01/04/2017	30/03/2018	Primary Care Ops group



<p>The contract is considerably under-utilised but there is a lack of data to understand why. It was recommended that this is not considered for inclusion within the new Community Surgery contract at this stage, but that a review of the service is undertaken by the Quality Team.</p> <p><b>See AQP project status report</b></p>	01/04/2017	31/03/2018	Quality Team
<p>All practices provide this service (provided by practices in both CCGS) financial value is high. List based service, included in the portfolio for 17/18 need to review as part of commissioning intentions in September 2017.</p> <p>Joint working required between the CCGs/LMC to agree review of this service. Discussions to take place during May 2017.</p> <p>The Ops group meeting was cancelled in June and will now meet in July - an update will be provided at the next meeting.</p> <p>The Ops group meeting was cancelled in August and will now meet in September - an update will be provided at the next meeting.</p> <p><b>See Countywide LCS project status report</b></p>	01/04/2017	30/03/2018	Primary Care Ops group
<p>4 practices signed up to this service financial value is high (Studfall not signed up). List based service, included in the portfolio for 17/18 need to review as part of commissioning intentions in September 2017.</p> <p>Bie to produce a briefing paper on proposed changes for the Ops group to review ahead of the next meeting in May 2017 .</p> <p>The Ops group meeting was cancelled in June and will now meet in July - an update will be provided at the next meeting.</p> <p><b>See Countywide LCS project status report</b></p>	01/04/2017	30/03/2018	Primary Care Ops group

4 practices provide this service (Studfall Partnership not signed up).  
 Review activity and outcomes and included in the commissioning intentions review in September 2017.  
 Dave Cole to review activity/evidence assumptions for this service and make recommendation to the Primary Care Ops Group by June 2017.  
 The Ops group meeting was cancelled in June and will now meet in July - an update will be provided at the next meeting.  
 The Ops group meeting was cancelled in August and will now meet in September - an update will be provided at the next meeting.

**See Countywide LCS project status report**

01/04/2017

30/03/2018

Primary  
Care Ops  
group

**See separate project status report**

01/10/2017

31/10/2017

Primary  
Care Ops

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Project Status Report		Summary		ID No	7.1
Programme Name	Corby LCS only	Reporting Date	Oct-17		
Programme Sponsor	Caron Williams				
Programme Leader	Daljit Sandhu	Milestone RAG	BLUE		
Project Name	Countywide AQPs				
Clinical Lead	Sanjay Gadhia	Overall RAG	BLUE		
<b>Brief Description of Scheme:</b> <b>(Corby CCG only)</b> Hypertension LCS Long Term Conditions LCS Peer Review LCS Leg Ulcer			<b>Progress against milestones:</b> <i>Where are there significant variances from plan milestones and/or savings</i>		
			Milestone 1:	Locally commissioned services to be contracted with member practices.	
			Status	Approval sought and given by Finance Committee <b>Completed October 2017</b>	
<b>Progress and Key Updates This Period:</b> <b>Approval obtained from CFO and AO - completed October 2017</b> Contracts and service specs issued to all providers			Milestone 2:	Contractual paperwork to be completed	
			Status	The Primary care team issued contract and specs to all practices in October 2017. <b>Completed October 2017</b>	
			Milestone 3		
			Status		
<b>Next Steps:</b> Await return of contract variations from member practices The primary care team to chase member practices.			<b>Risks, Issues and Mitigations:</b> All identified in the finance paper in October 2017.		
			<b>Support Required:</b>		
			BLUE	Complete	
			GREEN	Successful delivery of the project is on track and seems highly likely to remain	
			AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.	
			AMBER	Successful delivery appears feasible but significant issues already exist	
			AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to	
RED	Successful delivery appears to be unachievable. There are major issues on				



Project Status Report		Summary		ID No	1.1, 1.2, 1.3, 1.4 & 1.6
Programme Name	AQP Services	Reporting Date	Jan-18		
Programme Sponsor	Caron Williams				
Programme Leader	Daljit Sandhu/Lisa Riddaway	Milestone RAG	AMBER / GREEN		
Project Name	Countywide AQPs				
Clinical Lead	Sanjay Gadhia/Az Ali	Overall RAG	AMBER/GREEN		
<b>Brief Description of Scheme:</b> The following existing contracts could be considered for inclusion within the new Community Surgery contract: • Carpal Tunnel AQP • Vasectomy AQP • Basal Cell Carcinoma AQP • Minor Surgery AQP • LUTS LCS			<b>Progress against milestones:</b> <i>Where are there significant variances from plan milestones and/or savings</i>		
<b>Progress and Key Updates This Period:</b> 1. A review of these contracts has been undertaken by the Planned Care Team which concludes that these services are appropriately undertaken in the community. 2. A PIN notice was issued in May 2017, asking for Expressions of Interest in the new service, to which twelve responses were received.			Milestone 1:	Review of the existing portfolio	
			Status	The planned care completed the initial review further work is required and a paper detailing the options was taken to the Finance Committee in October and a further update will be taken in December 2017.	
			Milestone 2:	Scoping work reiew of existing services & Hold Bidder event with the market entrants.	
			Status	Event to be held between October & December 2017 and see next steps.	
			Miestlone 3	Sign off and procurement of the new service model	
<b>Next Steps:</b> • Commission and undertake a review of the current service – October – November 2017 • Hold a further bidder event to agree pathways with the market place • Develop key areas with interested providers & as part of ‘consult’ period - October-December • Confirm scope - October • Develop a specification - October-December • Financial input - October-December • Contracting input - October-December • Link with HEE re training needs analysis/possible support - October-March • Give notice to providers –December onwards • PIN out – 2nd January 2018 • LUTS Service - an audit by the quality team to be undertaken to inform the next steps for this service.			Status	Work underway by the Sustainable Elective Care Group - updates to be provided in throughout November 2017 to March 2018. Development of the New Community Services Contract from April 2018 <b>January 2018 - reporting now via the Finance Committee so removed from PCCC work plan.</b>	
			<b>Risks, Issues and Mitigations:</b> LUTS - the contract is considerably under-utilised but there is a lack of data to understand why. It was recommended that this is not considered for inclusion within the new Community Surgery contract at this stage, but that a review of the service is undertaken by the Quality Team.		
			<b>Support Required:</b> Procurement advice will be needed from NEL CSU and will be sought once the service specification is developed fully. Quality team to carry out a review during November/December 2017 on outcomes metrics.		
			BLUE	Complete	
			GREEN	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to	
AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.				
AMBER	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this				
AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.				
RED	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits				

Project Status Report		Summary	ID No	1.5
Programme Name	AQP Services - Ophthalmology	Reporting Date	Jan-18	
Programme Sponsor	Caron Williams			
Programme Leader	Daljit Sandhu/Lisa Riddaway	Milestone RAG	AMBER / GREEN	
Project Name	Countywide AQPs	Overall RAG	AMBER/GREEN	
Clinical Lead	Sanjay Gadhia/Az Ali			
Brief Description of Scheme:		Progress against milestones:		
A countywide GPwSI Ophthalmology - only 1 provider for the county.		Where are there significant variances from plan milestones and/or savings		
Progress and Key Updates This Period: There is currently only one contract in place with a GPSI. Due to significant pressures within the acute sector to deliver timely Ophthalmology care – in particular, at KGH where patients have waits of over 52-weeks - work is underway to vary this contract, in order that the GPSI can work more locally one day a week, to review referrals and triage patients. This is being progressed through the Sustainable Elective Care Group. The longer-term plan is to use Optometrists, and to therefore have more contracts in place. <b>October 2017 - The recommendation is to continue this contract as is, until the above plans are put in place.</b>		Milestone 1:	Review by Sustainable Elective Care Group	
		Status	Contract for 2018/19 to be included in the commissioning intentions. <b>Completed October 2017</b>	
		Milestone 2:	Contract for 2018/19	
		Status	Awaiting the outcome of commissioning intentions document to be signed off by CCGs <b>October 2017 - CCGs Cis were approved and have been issued to all providers Completed October 2017</b>	
		Milestone 3	Approval to commission and contractual paperwork to be completed in readiness for 2018/19	
		Status	<b>October - await sign off by Finance in November/December 2017 January 2018 - Reporting via Finance Committee - task removed from PCCC work plan</b>	
		Next Steps:		Risks, Issues and Mitigations:
Agreement of next steps by the Sustainable Elective Care Group Contract for 2018/19 included in commissioning intentions - options paper to Finance Committee in November/December from . which requires CCGs sign off expected in the next month.		Only one provider in the county for 2017/18.		
		Support Required:		
		BLUE	Complete	
		GREEN	Successful delivery of the project is on track and seems highly likely to remain	
		AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.	
		AMBER	Successful delivery appears feasible but significant issues already exist	
		AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to	
		RED	Successful delivery appears to be unachievable. There are major issues on	

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>NHS England Update</b>	<b>Number:</b>	<b>PC-18-08</b>
<b>Author:</b>	Lamont Montezu NHS England Midlands and East (Central Midlands)	<b>Contact No:</b>	0113 8248919
<b>Executive Sponsor:</b>	Roz Lindridge, Locality Director, NHSE Central Midlands	<b>Presented by:</b>	NHS England Midlands and East (Central Midlands)

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input checked="" type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input checked="" type="checkbox"/>	<b>6. Engagement</b>
<input checked="" type="checkbox"/>	<b>3. Better Care</b>	<input checked="" type="checkbox"/>	<b>7. Sustainable</b>
<input checked="" type="checkbox"/>	<b>4. Commission</b>	<input type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

Primary Care Commissioning Committee is asked to note the update provided by NHS England.

**Recommendations**

**The Committee is asked to:**

- Note the update

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Update/Information</b>

## **NHS England Update 10 January 2017**

### **General Updates**

#### **General Practice**

##### **Kings Heath GP Practice Procurement**

NHS England and Nene CCG have concluded the procurement of Primary Care Medical Services for Kings Heath Practice. The successful applicant is the incumbent provider General Practice Alliance, the APMS Contract will commence from the 1<sup>st</sup> April 2018. NHSE and Nene CCG will be working with the provider during the mobilisation period from January 2018 to end of March 2018.

#### **General Practice Forward View**

##### **Clinical Pharmacist in General Practice**

NHS England has supported Four applications as part of the clinical pharmacists in general practice programme in the Northants area.

**WAVE 1** - 3Sixty Care Partnership

**WAVE 2** - General Practice Alliance and Principal Medical/DocMed

**WAVE 3** - Lakeside Healthcare

NHSE are working with the successful applicants as they undertake the recruitment of the clinical pharmacists. Information on training and further support has been provided to the successful applicants. NHSE is finalising the reporting and monitoring arrangements and will share this once available.

There will be further opportunity to submit application under Wave 4, the closing date for receipt of application is the 19 January 2018. NHS England will be making a decision on all Wave 4 applications by the end of March 2018.

#### **Fully Funded GP Personal Coaching Sessions**

Following the earlier success of the national coaching programme, NHS England are offering a fully funded one-to-one tailored coaching for GPs. GPs will be offered three 90-minute confidential sessions by highly experienced and qualified coaches to help them think through where they are and where they want to be in today's challenging and changing environment. GPs need to register expressions of interest by the 31 January 2018.

Contact for further information:

[E-mail: england.gpdevelopment@nhs.net](mailto:england.gpdevelopment@nhs.net)

#### **Improving Access to General Practice – Birmingham Event**

NHS England is hosting an event in Birmingham on 21 February 2018 from 10am-3pm at the iCentrum Auditorium & Atrium, Innovation Birmingham Campus, Holt Street, Birmingham, West Midlands, B7 4BB for patient representatives and lay members to find

out more about the next steps for improving access to general practice, including plans for national rollout by March 2019. This event is a follow-up to the initial meeting held in

December and will aim to provide an update on this area of work and also gain an insight into patients and lay members' experience of access to general practice. Content will cover the seven core requirements for improving access and what this means for you as a patient and how you can support service changes in your area. Registration for the event is via Claire Parker at [england.gpaccess@nhs.net](mailto:england.gpaccess@nhs.net)

### **EU staff working in the NHS**

The NHS has always benefited from committed, and talented health staff both trained here in Britain and who have chosen to work here from abroad.

EU nationals form an integral and vital part of the health and care family, and your skills and compassionate care directly benefit patients, families and communities.

We are pleased that the Government has ensured that EU citizens living lawfully in the UK will be able to stay and enjoy broadly the same rights and benefits as they do now and welcome the [Home Secretary's letter to the NHS](#) to confirm this.

This letter from Amber Rudd provides an update following the agreement at the European Council for negotiations between the UK and the EU to move to a discussion about our future relationship. It accompanies a statement from Simon Stevens, Bruce Keogh and Jane Cummings to EU staff working in the NHS. The letter can be found by clicking the link below.

<https://www.england.nhs.uk/wp-content/uploads/2017/12/eu-letter-to-chief-execs.pdf>

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Minutes of the Primary Care Operational Group</b>	<b>Number:</b>	<b>PC-18-09</b>
<b>Author:</b>	Primary Care Operational Group	<b>Contact No:</b>	01604 651334
<b>Executive Sponsor:</b>	Caron Williams, Director of Commissioning and Strategy	<b>Presented by:</b>	Julie Lemmy, Deputy Director of Primary Care

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

To inform the Committee of the Primary Care Operational Group meetings held on 24 October and 30 November 2017

**Recommendations**

**The Committee is asked to:**

- Note the contents of the approved minutes of the Primary Care Operational Group on 24 October 2017 and the draft minutes of 30 November 2017

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For Update/Information</b>

## Minutes of the Primary Care Operation Group meeting

**Tuesday 24 October 2017 at 14:00 in Meeting Room 2,  
Corby Enterprise Centre, London Road, Priors Hall Corby NN17 5EU**

### Present

Julie Lemmy	Deputy Director of Primary Care (Chair)
Dr Sanjay Gadhia	GP Governing Body Member
Janita Mackin	Practice Manager, Lakeside
Bie Grobet	Assistant Director of Commissioning Development
Salim Issak	Assistant Contract Manager, NHS England
Jane Kettlewell	Deputy Chief Finance Officer
Dr Miten Ruparelia	Clinical Vice Chair
Sharon Sanderson	Interim Support Officer
Amanda Swingler	Primary Care Development Manager , Nene CCG
Sharon Wright	Quality Improvement Manager

### Apologies

Lamont Montezu	Support Contracts Manager, NHS England
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### Minute No: Item

#### 26 Welcome and Introductions

Ms Lemmy welcomed members to the Primary Care Operational Group.

#### 27 Apologies for absence

Apologies were received from Lamont Montezu.

#### 28 Declaration of Interests

There were no new Declarations of Interests declared.

#### 29 Minutes of the meeting held on 26 September 2017

The minutes of the Primary Care Operational Group meeting held on the 26 September 2017 were **APPROVED** as a true and accurate recording of proceedings.

#### 30 Delegated Responsibilities

Ms Lemmy gave an update on:

**Contractual Changes-** An application to close a list had been presented by the Studfall Partnership which went to the Primary Care Commissioning Committee for their decision. The application was rejected and the practice had been briefed on this decision.

**Premises/ETTF-** Ms Lemmy informed the group that a further meeting would be arranged with the Studfall practice to work on resilience support under ETTF and to find ways of utilising the practice premises in a better way and that NHS England and the CCG would arrange a formal review of the premises at a joint meeting yet to be set up.

**Action: Sharon Wright/Julie Lemmy**

Mr Issak gave an update on rents for practices and said that there would be potential rent increases. Mr Issak advised the group that there was a 3 year cycle for rent charges and that landlords should initiate rent reviews. Mrs Mackin commented that her practice had two overdue rent reviews and was advised that Nina Mills would look into this.

**PMS Task and Finish Group-** Dr Gadhia informed the group that a 3 year funding for ear wax removal had been agreed and would be going to the relevant PCCC committee for ratification. There was a discussion around funding for leg ulcer treatment and that Nene CCG had been

receiving 50 pence more than Corby CCG. Dr Gadhia also said that doppler assessments were not currently covered by the funding for leg ulcer and that an extra 50 pence would be needed for this treatment. Ms Kettlewell said that a full business case analysis would need to be carried out. Mrs Kettlewell also said that the CCG had been investing more into PMS practices than the amount it had taken back, and that investment had a 5/6 year projection period. Ms Lemmy suggested taking the finance paper to the PCCC committee for discussion and action to look at options and forecasts going forward.

### **31 Countywide Community AQP Contracts and Locally Commissioned Services Portfolio**

Ms Lemmy updated the group on AQP contracts and said that project status reports had been completed for each service line, and that these would be finished before going to the Primary Care Co-Committee (PCCC).

Ms Lemmy said that decisions were needed around items on the report including LCS, ECG, Near patient testing and Neo-natal services. This would be mapped back to the Commissioning Intentions and taken to PCCC for a decision on 2018-19 services. Ms Lemmy suggested that a small group of people including clinicians and management leads would be set up to provide rationale replicate across Nene CCG. Dr Ruparelia commented that Commissioning Intentions did articulate some of these services and asked which services we do keep regarding Primary Care and Intermediate care. Mrs Wright said that a LUTs review needs to be carried out and would be presented back to the Sustainable Elective Programme Group which would be included in the paper being presented to the Finance Committee in November/December 2017.

### **32 International Recruitment**

Ms Lemmy gave an update on International Recruitment and confirmed that the deadline for applicants had been extended to 30 November 2017 and we the CCGs were aware of 27 vacancies being advertised on the LMC website within the County. All practices should have received an email last Friday (20 October) regarding the deadline but Mrs Mackin informed the group that her practice had only received the email regarding this today. Ms Lemmy said that practices were being encouraged to send submissions and advised that there were currently 2 project managers involved in the recruitment process. Dr Ruparelia asked if Brexit would be an issue in the recruitment process and was told by Ms Lemmy that all visa issues would be handled by the national recruitment office before the person leaves their Country of origin.

### **33 NHS England and GP Resilience Update**

Mr Issak told the group that there had been one application from the Corby area. Feedback would be given to the applicant once the National Team had made a decision. Mr Issak also said that the International GP recruitment team were closely looking at what was wanted for this particular area. Mr Issak then updated the group on flu jabs and said that the flu jab scheme had been extended to include care home staff. Dr Ruparelia asked Mr Issak if it was for any kind of home ie Residential or Nursing. Mr Issak said that he would get this clarified. Dr Gadhia brought up the subject of claim indemnity cover and that he found it hard to forecast for winter sessions as specific figures had to be provided in advance. Mr Issak said he would look into this subject and feedback to the group.

**Action: Mr Issak**

### **34 Quality Dashboard and Practice Visits:**

Mrs Wright said that the dashboard would not be updated until all results were in. Ms Grobet told the group that there would be a Rightcare visit in the next few months. Mrs Wright advised the group that there was an aspiration to reduce e.coli and blood stream infections and that the CCG in London had been looking at ways of reducing urinary tract infections (UTI). Mrs Wright also mentioned that a large number of patients with UTIs had catheters insitu. Mrs Wright informed the group that she would give feedback as soon as a proposal was in place. Mrs Kettlewell left the meeting at 15:00



- 35 Finance Update**
- Mrs Wright said she had spoken to Mike Alexander regarding the financial recovery and that reviews were needed in order to improve on performance management and to determine if services should be stopped after 3 months if not needed. Ms Lemmy told the group that programmes should be developed on ways to work smarter, that consistency was needed to work and engage better with practices and that information from the Commissioning Intentions should be used going forward. Ms Lemmy updated the group on CCG underspend and said that any underspend discrepancies were under review. Dr Ruparelia told the group that 2017/18 spend would be put to the PCCC to articulate what has happened and said that some really good recommendations had not materialized and not been put into primary care. Dr Ruparelia proposed that discussions should take place at PCCC around funding. Ms Lemmy agreed that she would speak to Ms Kettlewell and Mr Alexander regarding this.
- Action: Ms Lemmy**
- It was also agreed that Ms Kettlewell and Mr Alexander would provide a finance paper around primary care at the next Finance Committee.
- Action: Ms Kettlewell/Mr Alexander**
- 36 Risk Register Update**
- Ms Lemmy told the group that the risk register had been updated as per the last meetings action and would be taken to PCCC for approval. Mr Issak was asked to look at PC7 on the risk register-lack of access to QOF by Mrs Wright but was informed by Mrs Wright that most practices had been achieving training levels. The group were told that a new QOF would be out next year and Ms Grobet said that was why the CCG had made no further movement on this subject. It was also noted there was a risk relating to the lack of access to the national CQRS reporting system in relation to QOF.
- 37 Date of Next Meeting**
- The next Primary Care Operational Group meeting would be held at 14:00 on 30 November 2017 in Meeting Room 2, Corby Enterprise Centre London Road, Priors Hall Corby NN17 5EU.
- Ms Lemmy brought the meeting to a close at 15:20

## Minutes of the Primary Care Operation Group meeting

**Tuesday 30 November 2017 at 14:00 in Meeting Room 2,  
Corby Enterprise Centre, London Road, Priors Hall Corby NN17 5EU**

### Present

Julie Lemmy	Deputy Director of Primary Care (Chair)
Salim Issak	Assistant Contract Manager, NHS England
Jane Kettlewell	Deputy Chief Finance Officer
Dr Miten Ruparelia	Clinical Vice Chair
Sharon Sanderson	Interim Support Officer
Amanda Swingler	Primary Care Development Manager , Nene CCG
Kay Taylor	Practice Manager, Great Oakley
Sharon Wright	Quality Improvement Manager

### Apologies

Dr Sanjay Gadhia	GP Governing Body Member
Bie Grobet	Assistant Director of Commissioning Development

### Minute No: Item

#### 38 Welcome and Introductions

Ms Lemmy welcomed members to the Primary Care Operational Group.

#### 39 Apologies for absence

Apologies were received from Lamont Montezu, Bie Grobet and Dr Sanjay Gadhia.

#### 40 Declaration of Interests/Conflict of Interest

There were no new Declarations of Interests or Conflict of Interest declared.

#### 41 Minutes of the meeting held on 24 October 2017

The minutes of the Primary Care Operational Group meeting held on the 24 October 2017 were **APPROVED** as a true and accurate recording of proceedings after a minor amendment.

#### 42 Delegated Responsibilities

Ms Lemmy gave an update on:

Contractual Changes- Discussions over the decision to reject the list closure request from the Studfall Partnership were still on going and a planned visit was due take place in January 2018.

Dr Ruparelia said the list closure had been noted at the last Primary Care Commissioning Committee meeting and that there had been concerns on the impact this could have on other surgeries and that feedback from surgeries should be taken on board regarding this conflict. It was agreed that surgeries would be contacted on the decision to reject the list closure to give feedback and would be shared at the next meeting regarding any decisions.

**Action: Mrs Lemmy**

Premises/ETTF- Ms Lemmy talked about growth in Corby and that talks had that a consultation response had been submitted by the CCG and NHS England to developers in the area. Talks have already taken place with developers so that the CCGs are aware of future plans and if the building of potential premises to cater for the growing population is a possibility. Ms Lemmy also said that there had been no update on premises cost direction.

Dr Ruparelia asked for it to be noted that he had a conflict of Interest through Woodsend Surgery.

Mr Issak gave an update on rents for practices and advised the group that there was a 3 year cycle for rent charges and that landlords should initiate rent reviews. Mr Issak confirmed that NHS England would be paying the backdated rent increases. Mrs Taylor said that Great Oakley Medical Centre had already submitted their forms.

PMS Task and Finish Group- Mrs Swingler confirmed that Corby CCG had invested in ear wax clinics and a draft develop specs would be put together in January 2018.

LUTTS- Mrs Wright said that a quality review of LUTS was being carried out.

#### **43 Countywide Community AQP Contracts and Locally Commissioned Services Portfolio**

AQP-Ms Lemmy gave an update on AQP and told the group that a paper would be going to the PCCC and Nene CCG and that Corby would ratify this paper.

Dr Ruparelia asked if the wording around Primary Care/Home could be reworded to reflect that these two items should be separate. **Action: Mrs Swingler**

Ms Lemmy said that she would ask Dr Gadhia to communicate with Nene Clinicians regarding LCS.

Ms Lemmy asked for it to be noted that it had been agreed at Primary Care Commissioning Committee that AQP was now dealt with under the finance arena.

#### **44 NHS England and GP Resilience Update**

Mr Issak gave an update on NHS England. He said that the fourth wave for final funding was underway and would be submitted early in 2018.

Mr Issak had already sent an email to members regarding flu jabs and gave a brief talk about this. This email was circulated to all practices.

#### **45 Quality Dashboard and Practice Visits:**

Mrs Wright informed the group that she would be developing a process with Ms Kettlewell for finance and that there would be amendments to Primary Care contracts.

Mrs Wright also spoke about "Speak out Champions" and how these would be better at federation level rather than practice level.

CQC have a new inspection regime that will be implemented from April 2018. Jane Taylor from CQC will be visiting practices along with Mrs Wright in 2018.

#### **47 Finance Update**

Ms Kettlewell joined the meeting at 14:55 and explained that a meeting would be held in January 2018 to discuss where the underspend from the previous year would go and would then go to the Finance Committee to be ratified.

Dr Ruparelia asked the group to acknowledge that Corby CCG was in financial recovery.

#### **48 Risk Register Update**

Ms Lemmy asked that the need for premises to accommodate growth in Corby should be put on the risk register. **Action: Ms Lemmy**

**49 International Recruitment**

Ms Lemmy gave a brief update on International Recruitment. Funding had been agreed for 27 new GPs and 20 applications had already been received.

**50 Demand Management Scheme**

Ms Lemmy informed the group that no reports regarding LTC had been received and that practices would not get paid for leg ulcer treatment unless they sent in their reports. Mrs Taylor agreed to send out reminders to all practices managers.

**51 Date of Next Meeting**

The next Primary Care Operational Group meeting would be held at 14:00 on 23 January 2018 in Meeting Room 2, Corby Enterprise Centre London Road, Priors Hall Corby NN17 5EU.

Ms Lemmy brought the meeting to a close at 15:05

*This paper is being submitted to the Primary Care Commissioning Committee for amendment and/or approval as appropriate. It should not be regarded, or published, as CCG policy until formally agreed at the Primary Care Commissioning Committee meeting.*

**NHS Corby Clinical Commissioning Group  
Primary Care Commissioning Committee  
16 January 2018**

<b>Title:</b>	<b>Register of Interests</b>	<b>Number:</b>	<b>PC-18-10</b>
<b>Author:</b>	Sarah McKenzie, Board Secretary	<b>Contact No:</b>	01536 560420
<b>Executive Sponsor:</b>	Caron Williams, Director of Commissioning and Strategy	<b>Presented by:</b>	Tansi Harper, Lay Member Patient and Public Engagement

**Which Strategic Objectives does this paper address?**

<input type="checkbox"/>	<b>1. Prevention</b>	<input type="checkbox"/>	<b>5. Quality</b>
<input type="checkbox"/>	<b>2. Early Diagnosis</b>	<input type="checkbox"/>	<b>6. Engagement</b>
<input type="checkbox"/>	<b>3. Better Care</b>	<input type="checkbox"/>	<b>7. Sustainable</b>
<input type="checkbox"/>	<b>4. Commission</b>	<input checked="" type="checkbox"/>	<b>8. Accountable</b>

**Executive Summary**

Register of Interests for NHS Corby CCG Primary Care Commissioning Committee.

**Recommendations**

**The Committee is asked to:**

- Note the updated register of interests

**Committee Action Required**

<input type="checkbox"/>	<b>Approval/Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Update/Information</b>

## Register of Interests

Updated 29 December 2017

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Helen Adams	Children and Maternity Commissioning Manager, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Nicki Adams	Deputy Practice Delivery Lead	Managing Partner, Woodsend Medical Centre	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Nicki Adams	Deputy Practice Delivery Lead	Director of 3Sixty	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Mike Alexander	Chief Finance Officer	None to declare	N/A			N/A	N/A		N/A
Julie Ashby-Ellis	Designated Nurse for Safeguarding children and looked after children, Nene CCG and Corby CCGs	None to declare	N/A			N/A	N/A		N/A

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Richard Bailey	Head of System Transformation, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Ric Barnard	Member of PPEA Committee	Board Member of Healthwatch Northamptonshire	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Ric Barnard	Member of PPEA Committee	Chair of Lakeside Practice Patient Participation Group	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Ric Barnard	Member of PPEA Committee	Chair of Corby Practice Patient Participation Group	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Mark Battison	Senior Provider Performance & Improvement Manager NEL CSU	Bank Paramedic East Midlands Ambulance Service	N/A			N/A	N/A		N/A
Neil Boughton	Head of Non-Clinical Contracting and Procurement , Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Arti Chauhan	Medicines Optimisation Pharmacist, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Emma Clarke	Senior Quality Improvement Manager, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Ros Clarke	Head of Procurement NEL CSU	None to declare	N/A			N/A	N/A		N/A
David Cole	Head of Programme Management Office	None to declare	N/A			N/A	N/A		N/A
Mark Darlow	Deputy Director of Contracting and Procurement, Nene CCG and Corby CCG (Transferred to NEL CSU 01.08.17)	None to declare	N/A			N/A	N/A		N/A
Carole Dehghani	Accountable Officer Corby CCG and Interim Accountable Officer Nene CCG	None to declare	N/A			N/A	N/A		N/A



Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Jay Dobson	Associate Director to the CEO and CFO Corby CCG	None to declare	N/A			N/A	N/A		N/A
Teresa Dobson	Chair of Healthwatch Northamptonshire	Director Process Chain Ltd – may provide occasional spot purchased independent advocacy service	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Teresa Dobson	Chair of Healthwatch Northamptonshire	Husband is Director of Process Chain Ltd	Non-Financial Interest			Indirect	Current		Will declare the interest and manage in line with appropriate policy
Teresa Dobson	Chair of Healthwatch Northamptonshire	Husband is public governor for Kettering and Corby at Northamptonshire Healthcare Foundation Trust.	Non-Financial Interest			Indirect	Current		Will declare the interest and manage in line with appropriate policy
Teresa Dobson	Chair of Healthwatch Northamptonshire	Sessional worker at Northamptonshire Carers on their support line ½ day a week	Non-Financial Interest			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Teresa Dobson	Chair of Healthwatch Northamptonshire	Lives near Kettering – occasional user of KGH and UCC. As is husband	Non-Financial Interest			Direct	Current		Will declare the interest and manage in line with appropriate policy
Linda Dunkley	Commissioning Lead, Planned Care, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Dr James Findlay	Clinical Pathway Lead, Nene CCG and Corby CCG	25% ownership of Rushden Medical Centre building	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr James Findlay	Clinical Pathway Lead, Nene CCG and Corby CCG	Clinical Pathways Advisor for DXS International PLC	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr James Findlay	Clinical Pathway Lead, Nene CCG and Corby CCG	Council member of the National Association of Primary Care	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Georgette Fitzgerald	Designated Nurse Adult Safeguarding , Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Emma Follis	Corporate Services & Governance Manager	None to declare	N/A			N/A	N/A		N/A
Sue Freeman	Commissioning Manager Learning Disabilities, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Dr Sanjay Gadhia	GP Governing Body Member	Partner at Lakeside Surgery	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sanjay Gadhia	GP Governing Body Member	Director of Gadhia Healthcare Ltd	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sanjay Gadhia	GP Governing Body Member	Shareholder Lakeside + Ltd	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sanjay Gadhia	GP Governing Body Member	Honorary contract holder at Kettering General Hospital	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Sanjay Gadhia	GP Governing Body Member	Occasional presenting at education meetings/session by Pharmaceutical Companies	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sanjay Gadhia	GP Governing Body Member	Locum shift at Urgent Care Centre	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sanjay Gadhia	GP Governing Body Member	Wife employed as physiotherapist at Nuffield Hospital	Non-Financial Personal Interest			Indirect	Current		Will declare the interest and manage in line with appropriate policy
Bie Grobet	Assistant Director of Commissioning Development	Reviewer for West Midlands Quality Review Service	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Andrew Hammond	Lay Member for Governance Deputy Lay Chair	Director of Instructus Director of CQM Training and Consulting, Director Springboard Consultancy – provide some training to the NHS	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Andrew Hammond	Lay Member for Governance Deputy Lay Chair	Wife registered podiatrist undertaking work privately in Northampton	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Tansi Harper	Lay Member for Patient Participation Engagement	Non-Executive Director Richmond Fellowship Board	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Tansi Harper	Lay Member for Patient Participation Engagement	Chair of STP Collaborative Stakeholders Board	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Sian Heale	Children and Young People's Commissioning Manager, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Dr Sebastian Hendricks	Secondary Care Consultant	Owner and Director at FixEar Ltd, wife is also a Director	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sebastian Hendricks	Secondary Care Consultant	Consultant at Royal Free London NHS FT and University College London Hospitals NHS FT	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Sebastian Hendricks	Secondary Care Consultant	Thomson Screening Children's Hearing Screening Service	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sebastian Hendricks	Secondary Care Consultant	Fellow of the Royal College of Physicians (London)	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sebastian Hendricks	Secondary Care Consultant	Fellow of the Royal College of Paediatric & Child Health	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sebastian Hendricks	Secondary Care Consultant	Member for the British Association of Audiovestibular Physicians	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sebastian Hendricks	Secondary Care Consultant	Member of the British Society of Audiology	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Sebastian Hendricks	Secondary Care Consultant	Member of the International Association of Physicians in Audiology	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Sebastian Hendricks	Secondary Care Consultant	Member of Doctors for the NHS Member of the British Medical Association	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Clare Hodgson	Deputy Director of Corporate Affairs Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Anne Holland	Business Analyst, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Kate (Cathryn) Holt	CEO Healthwatch Northamptonshire	CEO Connected Together CIC	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Kate (Cathryn) Holt	CEO Healthwatch Northamptonshire	CEO/contract Manager Healthwatch	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Kate (Cathryn) Holt	CEO Healthwatch Northamptonshire	Northamptonshire Trustee Autism Concern	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Kate (Cathryn) Holt	CEO Healthwatch Northamptonshire	Represent public views and views of the Healthwatch Northamptonshire Board and Volunteers	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Neil Horner	Senior Management Accountant, Hays Recruitment Agency	Sister in law works as a Maxiofacial surgeon at Coventry and Warwick Hospital	Non-Financial			Indirect	Current		Will declare the interest and manage in line with appropriate policy
Alison Hulme	Governing Body Registered Nurse Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Vanessa Hurling	Deputy Practice Delivery Lead	None to declare	N/A			N/A	N/A		N/A
Alison Jamson	Deputy Director of Quality, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Richard Jarvis	Urgent Care Planning and EPRR Manager, Nene CCG and Corby CCG	Director of Raypat Property Limited	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy



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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Jane Kettlewell	Interim Deputy Chief Finance Officer	Employed by ArdenGEM Commissioning Support Unit	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
David Knight	Senior Quality Improvement Manager, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Dr Satish Kumar	Practice Delivery Lead	Partner in Studfall Partnership	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	Practice holds shares in 3sixty Care Ltd	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	Holds shares in private limited company – No business with the CCG. No conflict identified with CCG activities	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Satish Kumar	Practice Delivery Lead	Ongoing research projects done by the practice. None likely to conflict with CCG activities.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	LMC member	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	GP appraiser	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	Spouse is partner at the Studfall Partnership.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	Spouse is director of private limited company. No business with the CCG. No conflict identified with CCG activities.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Satish Kumar	Practice Delivery Lead	Spouse is partner at practice holding shares in 3 Sixty Care Limited.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Satish Kumar	Practice Delivery Lead	Spouse can be associated with ongoing research projects done by the practice. None likely to conflict with CCG activities.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Mairead Lacken-Hillery	Senior Provider Performance & Improvement Manager NEL CSU	None to declare	N/A			N/A	N/A		N/A
Julie Lemmy	Deputy Director Primary Care, Nene CCG and Corby CCG	Brigstock Parish Councillor	Non-financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Anna Lewis	Deputy Practice Delivery Lead	Practice Manager Studfall Medical Centre	N/A			N/A	N/A		N/A
Kate Longthorne	Patient Safety Lead, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A

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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Anne Maher	Specialist Interface Pharmacist, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Chris Murphy	Senior Acute Contracts Manager, Nene CCG and Corby CCG (Transferred to NEL CSU 01.08.17)	None to declare	N/A			N/A	N/A		N/A
Fiona Myers	Interim Director of Transition Nene CCG and Corby CCG	Director of Opportunus Ltd	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Arshad Nana	Head of Business Intelligence, Nene CCG and Corby CCG (Transferred to NEL CSU 01.08.17)	None to declare	N/A			N/A	N/A		N/A
Sarah Newall	Independent Contractor - Communications Lead, Arch Communications	None to declare	N/A			N/A	N/A		N/A
Kristian Nicol	Quality Improvement Manager, Nene CCG and Corby CCG	Spouse of Advance Nurse Practitioner Intermediate Care Team NHFT	Non-financial Personal interest			Indirect	Current		Will declare the interest and manage in line with appropriate policy

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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Gabriella O'Keeffe	Senior Quality Improvement Manager Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Catherine O'Rourke	Head of Integrated Commissioning, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Giles Owen	Deputy Director of Prescribing and Medicines Management, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Dr Tony Penney	Practice Delivery Lead	GP Partner and Chief Operations Officer, Lakeside Healthcare	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Tony Penney	Practice Delivery Lead	Shareholder Lakeside+ (not more than 5%)	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Tony Penney	Practice Delivery Lead	Chief Clinical Information Officer, NEL CSU	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Lipi Pradhan	Practice Delivery Lead	Partner at Great Oakley Medical Centre	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Lipi Pradhan	Practice Delivery Lead	Practice is a member of GP Federation 3sixty Care Ltd	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Marianne Price	Care Home Pharmacist, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Cath Ratcliffe	Quality Improvement Manager, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Caroline Richardson	Communications Consultant, ARCH Communications	None to declare	N/A			N/A	N/A		N/A

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Denise Rickaby	Senior Contracts Manager, Nene CCG and Corby CCG (Transferred to NEL CSU 01.08.17)	None to declare	N/A			N/A	N/A		N/A
Lisa Riddaway	Commissioning Manager, Integrated Commissioning Team, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Gwyn Roberts	PPEA Committee member	Deputy CEO Northamptonshire Carers	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Miten Ruparelia	Clinical Vice Chair	Partner at Woodsend Medical Centre, including Wollaston and Bozeat Surgeries. Work across both Practices.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Miten Ruparelia	Clinical Vice Chair	Practice is a Member of 3Sixty Care Ltd Federation	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Miten Ruparelia	Clinical Vice Chair	Honorary contract holder at Kettering General Hospital	Non-financial personal interest			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Miten Ruparelia	Clinical Vice Chair	Working with ECIP one day per week	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Miten Ruparelia	Clinical Vice Chair	The Practice holds an enhanced contract with a provider from whom the CCG commissions services	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Sarah Salter	Head of Non Acute Contracts, Nene CCG and Corby CCG (Transferred to NEL CSU 01.08.17)	None to declare	N/A			N/A	N/A		N/A
Helen Seddon	Prescribing Advisor to Corby CCG	Medicines Management Consultant at Weavers Medical Centre and Huntingdon CCG	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy



Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Dr Shalini Singh	Deputy Practice Delivery Lead	Partner Lakeside Surgery	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Shalini Singh	Deputy Practice Delivery Lead	Non-Executive within Lakeside Healthcare	Non- Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Nathan Spencer	GP Governing Body Member	Partner at Great Oakley Medical Centre	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Nathan Spencer	GP Governing Body Member	Practice is a Member of 3Sixty Care Ltd Federation	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Helen Storer	Independent Lay Member	Employed as Integrated Health & Social Care Manager, Nottingham City Care Partnership	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Helen Storer	Independent Lay Member	Registered Dietitian, Member of the British Dietetic Association	Non-Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Roman Sumira	Practice Delivery Lead	Practice is a member of GP Federation 3sixty Care Ltd	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Roman Sumira	Practice Delivery Lead	Shareholder with GSK and Astra Zeneca	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Roman Sumira	Practice Delivery Lead	Shareholder with BT	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Tina Swain	Head of Nursing and Safeguarding, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Jane Taylor	Head of Urgent Care Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Kay Taylor	Deputy Practice Delivery Lead	Practice Manager Great Oakley	N/A			N/A	N/A		N/A
Dr Joanne Watt	Clinical Chair	Partner at Great Oakley Medical Centre	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Joanne Watt	Clinical Chair	Independent contractor to the Department of Sexual Health at NHFT	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Joanne Watt	Clinical Chair	Husband is a Consultant at KGH	Non-Financial Personal Interest			Direct	Current		Will declare the interest and manage in line with appropriate policy
Dr Joanne Watt	Clinical Chair	Practice is a Member of 3Sixty Care Ltd Federation	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Lucy Wightman	Director of Public Health & Well-Being, NCC	Husband is a Director at University Hospitals of Leicester	Non-Financial			Indirect	Current		Will declare the interest and manage in line with appropriate policy

Name	Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice, CCG employee; other	Declared Interest  (Name of organisation and nature of business)	Nature of Interest			Nature of Interest  Direct or Indirect?	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Caron Williams	Director Commissioning & Strategy Corby CCG and Director of Health, Strategy and Planning Corby CCG and Nene CCG	None to declare	N/A			N/A	N/A		N/A
Dr Emily Winters	Practice Delivery Lead	GP at Woodsend Medical Centre	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy
Sharon Wright	Quality Improvement Manager, Nene CCG and Corby CCG	None to declare	N/A			N/A	N/A		N/A
Matt Youdale	Independent Contractor	Director and 90% owner ARCH Communications who provide communications and engagement services to the CCG.	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy

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			Financial Interest	Non-financial interest	Non-financial personal interest		From	To	
Matt Youdale	Independent Contractor	Wife is Director and 10% owner ARCH Communications who provide communications and engagement services to the CCG	Financial			Direct	Current		Will declare the interest and manage in line with appropriate policy