

**Primary Care Committee**  
**Wednesday 12 September 2018**  
**2pm – 4pm**  
**Sherwood Board Room 1**

**A G E N D A**

Item	Lead	Enc.	Time
1.	Welcome & Apologies	Chair	2pm
2.	Declaration of Interests	Chair	
3.	Minutes of Previous Meeting held on Wednesday 13 June 2018	Chair	PCC18/01 2.05pm
4.	Matters Arising	Chair	2.10pm
<b>Operational</b>			
5.	E - Consultations	Kayley O'Sullivan	PCC18/02 2.10pm
6.	Primary Care Budget – PMS – Enhanced Services	Edna Muraya	PCC18/03 2.15pm
7.	Procurement Assurance	Janine Welham	PCC18/04 2.25pm
8.	GP Patient Access Survey 2018	Janine Welham	PCC18/05 2.30pm
<b>Any Other Business</b>			
9.			2.40pm
<b>Date of next meeting</b>			
10.	Wednesday 10 October, 2pm – 4pm Sherwood Board Room 1		

**PRIMARY CARE COMMITTEE**  
**Wednesday 13 June 2018**  
**2pm – 4pm**  
**Sherwood Board Room 1**

**Minutes**

<b>Present</b>		
Dr Hopeson Alifoe	HA	Board Member, MK CCG
Richard Alsop	RA	Director of Programme Delivery, MK CCG
Dr Nessian Carson	NC	Board Member, MK CCG
Hilary Jones	HJ	Acting Director of Nursing and Quality, MK CCG
Edna Muraya	EM	Senior Finance Manager, MK CCG
Kayley O'Sullivan	KO'S	Primary Care Support Officer, MK CCG (Minutes)
Will Perks	WP	Lay Board Member, MK CCG (Chair)
Mike Rowlands	MR	Lay Board Member, MK CCG
Dr Nicola Smith	NS	GP Chair, MK CCG
Alexia Stenning	AS	Deputy Director of Programme Deliver and Head of Primary Care, MK CCG
Matthew Webb	MW	Chief Officer, MK CCG
Janine Welham	JW	Primary Care Development Manager, MK CCG

<b>Apologies:</b>		
Muriel Scott	MS	Director of Public Health

<b>In Attendance</b>		
Alex Friend	AF	Primary Care Quality Co-Ordinator, MK CCG
Steve Gutteridge	SG	Programme Manager – Same Day Care
Hazel Webb	HW	Delivery Manager – Planned & Primary Care, MK CCG

		<b>Action</b>
<b>1.</b>	<b>Welcome and Apologies</b>	
	As above	
<b>2.</b>	<b>Declaration of Interest</b>	
	Dr Hopeson Alifoe – GP at Hilltops Medical Centre Dr Nessian Carson – GP at Central Milton Keynes Medical Centre Will Perks – Centene as a client Dr Nicole Smith – GP at Parkside Medical Centre	
<b>3.</b>	<b>Minutes of the previous meeting held on 9 May 2018</b>	
	The minutes were accepted as an accurate record of the meeting.	
<b>4.</b>	<b>Matters Arising</b>	
	Action 24 – NHS England (NHSE) have confirmed that any rent reviews that were due before the 1 April 2017 will be picked up by NHSE and any after that date will be paid by the CCG through the delegated budgets.	
	Action 19 – Completed. Janine Welham to check that both Mental Health and District Nurse records can now be seen and share with committee members.	<b>JWe</b>

<p><b>5.</b></p>	<p><b>Online Consultations</b></p> <p>Alex Friend ran through the key dates from the submitted paper. Wiggly Amps have not yet signed the contracts for the three CCGs but have assured Alex Friend that they will in the next few days.</p> <p>Three practices within Milton Keynes have suggested they want to pull out of the pilot stage of the project after seeing the demonstration. There is also one in Bedfordshire and possibly two in Luton.</p> <p>Meetings have been set up with GPs at practices with the provider and their clinical lead to provide a demonstration of the system to rectify any queries. Alex Friend visited a practice prior to this meeting and it was very well received. One practice has concerns around the clinical governance but this will be resolved in the meeting scheduled with the practice.</p> <p>There is a possibility that there are a couple of other practices may come on board, one of which may not be until September so this would increase the figures for payment and was agreed by the committee. Alex asked the committee for a GP Champion for e-consultation as this may bring other practices along, however it was agreed that a GP would be selected once they had utilised the system in order for them to give constructive feedback. However there is a GP at a Dunstable practice who has been using the system for a while who would be willing to answer any questions in the meantime.</p>	
<p><b>6.</b></p>	<p><b>Primary Care Budget</b></p> <p>The budget for 18/19 for delegated commissioning is £33.264m. (This is a £1M increase from last year's budget). As at month 1 the budget was £39K underspent and projected underspend of £220K at the end of the financial year. This underspend partly relates to an uncommitted contingency reserve of £200K. This is phased equally in the budget with no actual spend currently forecast.</p> <p>NHSE is still issuing guidance on the changes to the budgets movements between Delegated commissioning and GP Forward View and this will be reflected in the following months reporting.</p> <p>The areas that are expected to underspend are: QOF is expected to underspend as the Achievement attained in 2017-18 was lower than anticipated. Between 16/17 and 17/18 it only went up by £14K so reflected an underspend in month 2. Figures will be finalised in Month 2. There has been a discussion with a couple of practices where their QOF have decreased this last financial year.</p> <p>The areas that are expected to overspend are as follows: At the moment Global sum and MPIG indicates an overspend but the budget will be realigned to indicate the increased uplift in following month and this will reduce the overspend. There 267K budget which needs to be pushed forward into Global sum and MPIG as at the time of setting the budgets the outcome of the negotiation with the general council hadn't come through with the increase of global sum so this will need to reflect the increase in the budgets.</p> <p>Rent and premises charges -There is anticipation that there will be rental increases as the rent reviews are yet to take place and a contingency has been set aside for this. NHSE is actively pursuing the rent reviews with the district valuer so we expect</p>	

	<p>there will be an imminent increase in terms of the rents going forward into 18/19. There has been an increase in rates and a couple of practices haven't sent in their rates claims for last year these mostly relate to NHS Property Services (NHSPS) premises. A meeting was held with NHSPS last week and EM has asked for a status report of the practices that are with NHSPS. There will be an update at the next meeting.</p> <p>NHSE have advised finance that prescribing have to be included into the Primary Care budgets.</p>	<p><b>EM</b></p>
<p><b>7.</b></p>	<p><b>Primary Care Workforce</b></p>	
	<p>Two papers were circulated prior to the meeting with a summary followed by detailed information. This work is to look at supporting GPs and other workforce cohorts within primary care. Newport Pagnell Medical Centre unfortunately will no longer be hosting a GP Fellow, the candidate decided not to progress with the practice. Janine Welham to ascertain from the GP Fellow to see the reason why they did not want to progress and if there is any learning when we are recruiting to this role. A lot of the work falls under the STP workforce and development programme. This is an opportunity to highlight some of the work and options available in the future to support Primary care.</p> <p>There is real interest to progress and develop careers particularly within nursing and HCAs. Pots of money are available for funding to help support training, roles and recruitment. 250 nursing and HCA staff in Milton Keynes have attended various training events, Nurses for example have attended level 5 COPD, respiratory and asthma workshops. The CCG are working closely with the Federation who are looking at the training needs analysis. There could be an opportunity to do shared training across the workforces as key elements are coming through.</p> <p>There has been funding released for GP retention and we are awaiting the guidance and more information from NHSE. At the moment it is unclear whether it is further funding or it is within the delegated primary care budget. Overseas recruitment is not making an impact and this was a message from Primary Care nationally.</p> <p>The training that is being conducted is very positive going forward Nessian Carson would like to see it expand so that there is practice nurse training in Milton Keynes along with physician associates. Practice manager development training has had a lot of positive feedback another tranche of training is currently being arranged on a STP level.</p>	<p><b>JWe</b></p>
<p><b>8.</b></p>	<p><b>Out of Hospital Strategy</b></p>	
	<p>This strategy was written to bring all the different strands of work that are taking place that are not as joined up as they might be into a single strategy in order for it to be socialised and amended with our partners across the system.</p> <p>It has not yet been taken as far as a final draft and has been brought to the committee for comments it will then be taken to a meeting on Friday with the Federation.</p> <p>The strategy puts into context the next item on the agenda, on the day care which is within the strategy and is trying to get to a consistent primary care offer and</p>	

	<p>reshaping the demand but also having primary care at the heart of and leading/coordinating work on case management/care navigation. This will then drive a number of initiatives to the approval stage including the £3 per head investment.</p> <p>It was discussed how this could impact primary care who are already under pressure and how digitisation is in progress across the STP. There is positive feedback from MK Urgent Care Service who are now using SystmOne and the hospital are using eCare. Milton Keynes has every practice on SystmOne which is a really strong base to use as an advantage. It was agreed that we need technology to support virtual rather than face to face MDTs but currently there is no assurance this is going to happen so this needs to be included into the strategy. If technology is going to help there needs to be engagement as there is a high resistance to change. The digital roadmap needs to be a regular discussion at Commissioning Delivery Group and interagency working as it is always changing. A piece of work needs to be developed on how information is put onto the system to benefit other medical professionals. The Clinical Commissioning Group needs to get more sighted on the health economy digitalisation. Matthew Webb took a proposal to the two other CCGs to establish a strategic approach.</p> <p>Will Perks has requested that all comments are sent to Richard Alsop by email in the next week.</p>	<p>All</p>
<p><b>9.</b></p>	<p><b>Transforming on the Day Care</b></p>	
	<p>This paper follows on from the out of hospital strategy. Steve Gutteridge attended previously to explain what integrated urgent care was and this sits behind the transformation of on the day services. Currently there is a confusing system in place for patients when they have an urgent or same day need, lots of places and services that could be contacted; essentially it ends up with patients in the wrong place. A filter needs to be developed to manage that demand before it hits the key services which would be 111. Wording has been changed to contact as 111 is developing an online version which will work alongside the telephony services.</p> <p>SG was asked to send the figures for how many on the day appointments are offered on the day across Milton Keynes? What percentage is in the wrong place?</p> <p>In A&amp;E there is evidence that anywhere between 10-20% are primary care suitable that attend. There is a proportion of emergency repeat prescriptions that go through out of hours that do not need to and could go straight to pharmacies, there are some services already in place to divert this. One strand of this work is the intention to close the urgent care centre but only when safe to do so and other services are in place. There needs to be a very clear communication to go out to the public that general practice is changing with a consistent way that primary care is delivered.</p> <p>The appointments that are available through 111 are in the control of the practice. Westcroft are currently live and have offered 3 appointments a day. At the practice only 4-5 appointments a week have gone through 111 needing to be seen by a GP. In Luton there are 20 practices allowing direct booking from 111, some practices there are one a day and other practice has opened up nearly all appointments to 111 and are available for the practice as well.</p> <p>There needs to be analysis of figures from primary care for phone calls that are received for appointments on the day. A suggestion was made that it could benefit</p>	<p>SG</p>

	<p>111 accessing SystemOne as a lot of the calls are made out of hours.</p> <p>This strategy includes children. There are clinical governance meeting bi monthly to review quality information and to listen to phone calls from 111.</p> <p>WP has requested that any comments are sent by email to SG.</p>	<b>All</b>
	<b>Any Other Business</b>	
	<b>Date of next meeting</b>	
	<p>Wednesday 13 June 2018, 2pm – 4pm Sherwood Board room 1</p>	

DRAFT

<b>Action Log</b>			<b>Meeting Date</b>	<b>Outcome</b>
1.	KO'S to ensure resources for delegation is added as a standing agenda item	KO'S	28/6/17	Completed
2.	JW will chase the other 8 practices for the signed copies of their constitution	JW	28/6/17	Completed
3.	GPFV schemes that are complete need to be archived on the GPFV plan	KO'S	28/6/17	Completed
4.	Further work to be carried out for PMS reinvestment and Commissioning Intentions for 18/19	AS/JWe	28/6/17	Completed
5.	EM to incorporate PMS plus and enhanced services within the budgets	EM	28/6/17	Completed
6.	JW to provide a GPFV Highlight Report update at the next meeting	JWe	19/9/17	Completed
7.	It was discussed that an additional report could be produced for the PCC which includes further areas that are being worked on e.g. Commissioning Intentions.	AS/JWe	19/9/17	Completed
8.	Dr Nicola Smith will promote the Consultant Connect service at the next PLT but to also acknowledge the teething issues that are being addressed	NS	19/9/17	Completed
9.	HJ to provide the PCC visibility on this piece of work and advised of the use of these funds	HJ	19/9/17	Completed
10.	HJ to catch up with Dr Nesson Carson and Edna Muraya as there will be a chance to bid next financial year for the workforce bid	HJ	19/9/17	Completed
11.	Alexia Stenning to draft a letter to escalate the PCSE issues to NHSE	AS	19/9/17	Completed
12.	E-Consultations - Janine to inform Alex that GPs need to be involved in the choice of provider	JWe	10/01/18	Completed
13.	AF to update the committee with NHSE framework for e-consultation	AF	10/01/18	Completed
14.	E-Consultations – Update at the next meeting	AF	10/01/18	Completed
15.	Clinical Admin Training - Advise Healthwatch that this training is commencing	AF	10/01/18	Completed
16.	Section 106 meeting with the Council - Edna to feed back at the next meeting	EM	10/01/18	Completed
17.	AF to enquire about medical and legal cover quotes	AF	06/02/18	Completed
18.	AF to provide an update regarding online consultations at the next meeting	AF	06/02/18	Completed
19.	MW to follow up with the provider regarding CNWL Mental Health switching to SystmOne	MW	06/02/18	Completed
20.	AS to speak to Jane Palmer regarding the signposting for LiveLife	AS	07/03/18	Completed
21.	Data to see how many people telephone in a day and how many seen in the urgent care on the day. JWe has the data for how many people are seen in Primary Care in a day	SG/JWe	07/03/18	Completed
22.	Richard Alsop to send the committee the link to the Corby business case	RA	07/03/18	Completed
23.	Alex Friend to send the links with the U Tube demonstration of the product with the minutes.	AF	09/05/18	Completed
24.	Pam Lewin to check with NHSE who is picking up the costs and where the budget is sitting as	PL	09/05/18	Completed

	it is not with the CCG delegated budget.			
<b>25.</b>	Janine Welham to check that both Mental Health and District Nurse records can now be seen and share with committee members.	<b>JWe</b>	<b>13/06/18</b>	<b>Completed</b>
<b>26.</b>	Update on NHSPS	<b>EM</b>	<b>13/06/18</b>	
<b>27.</b>	Janine Welham to ascertain from the GP Fellow to see the reason why they did not want to progress and if there is any learning when we are recruiting to this role	<b>JWe</b>	<b>13/06/18</b>	
<b>28.</b>	SG was asked to send the figures for how many on the day appointments are offered on the day across Milton Keynes? What percentage are in the wrong place?	<b>SG</b>	<b>13/06/18</b>	
<b>29.</b>	Will Perks requested that all comments are sent to Richard Alsop by email in the next week.	<b>All</b>	<b>13/06/18</b>	<b>Completed</b>
<b>30.</b>	Will Perks has requested that any comments are sent by email to Steve Gutteridge.	<b>All</b>	<b>13/06/18</b>	

DRAFT



---

**Subject:** GP Forward View (GPFV): Online Consultations

**Meeting:** Primary Care Committee

**Date of Meeting:** 12 September

**Report of:** Kayley O'Sullivan, Primary Care Support Officer

---

## 1. SUMMARY

The GPFV has identified funding for 'online consultations' and 'care navigation'. This is ring fenced and is made available via the Department of Health.

The fund for 'online consultations' is to be used towards the costs of providing patients with the facility to conduct a clinical consultation with their GP practice online. The fund will cover a purchase cost associated with an annual licence for a hosted service on a per-patient basis. Funding will support the total project costs, including towards the cost of services or software for online systems and to support the introduction of the new way of working, for example through backfill of staff time, engagement with patients or provision of project management support.

This fund will provide a significant contribution to the move towards providing new consultation types. Benefits will include improving access for patients and making best use of clinicians' time. The intention is to utilise a provider/IT solution across the Bedford, Luton and Milton Keynes Sustainable Transformation Programme.

## 2. UPDATE

### Online consultations

The following key milestones have occurred since the last update

- A new version of the system has been released to allow the GP practices to respond to the patient requests electronically in a two way message function
- Little progress across the STP due to annual leave
- Wolverton (MK) - has declined to take the system
- Neath Hill (MK) - has agreed in principal following presentation & system demo
- Stopsley Village (LTN) – System switch-on paused as the Practice Manager has left
- Confirmation from all 3 CCG's that contract has not yet been signed with Wiggly Amps
- Email sent to NHSE procurement to review options going forward due to limited take-up of system across the STP
- As part of response from NHSE, confirmation that Footfall now included on the approved supplier list.
- Confirmation that the version on the approved supplier list is the same version/functionality already purchased by a number of practices across Bedfordshire (40%) and Luton. The functionality relating to online consultations may just need to be switched on. There is one practice in MK where it is due to be rolled out.

The current status of the pilot practices is below:

CCG	PRACTICE	STATUS	COMMENTS
Milton Keynes	NPMC	<p>Declined to continue being a pilot project stating that they have staffing issues.</p> <p>They have also advised they would like to continue using SystmOne for their online services.</p>	The provider and I have drafted a response to this. We feel the practice have not fully understood the benefits to using the new system – it is very different from SystmOne version and it could also streamline staff duties therefore overcoming staffing issues.
Milton Keynes	CMK	Declined	
Milton Keynes	Whaddon	Declined	
Milton Keynes	Wolverton	Declined	
Milton Keynes	MK Village	Presentation & demo to be scheduled	Chasing Practice & Supplier for date.
Milton Keynes	Walnut Tree	Declined	
Milton Keynes	Neath Hill	Agreed in principal to proceed	Presentation & demo held 21/08/18. Item to be discussed at internal practice meeting to agree next steps & timeline for rollout.
Milton Keynes	Parkside	Agreed in principal to proceed	Chasing Practice & Supplier for training date.
Bedfordshire	Flitwick	Will continue with the pilot but as yet have not booked any training.	The provider will be invited to the next Bedford CCG Clinical Board. To be arranged by Richard Noble
Bedfordshire	Asplands	Will continue with the pilot but as yet have not booked any training.	
Bedfordshire	Houghton Close	Will continue with the pilot but as yet have not booked any training.	
Bedfordshire	Barton	Will continue with the pilot but as yet have not booked any training.	
Bedfordshire	Oliver Street	Will continue with the pilot but as yet have not booked any training.	
Bedfordshire	Greensands	Currently undecided if they will continue as a pilot due to concerns with duplication of work.	
Bedfordshire	London Road	Will continue with the pilot but as yet have not booked any training.	
Bedfordshire	Great Barford	Will continue with the pilot but as yet have not booked any training.	
Bedfordshire	Pemberley	Will continue with the pilot but as yet have not booked any training.	



**Milton Keynes**  
Clinical Commissioning Group

<b>Bedfordshire</b>	Priory	Will continue with the pilot but as yet have not booked any training.	
<b>Bedfordshire</b>	St Johns St	Will continue with the pilot but as yet have not booked any training.	
<b>Bedfordshire</b>	Kings St	Will continue with the pilot but as yet have not booked any training.	
<b>Luton</b>	Stopsley Village	Agreed to proceed. System set-up and training provided.	Switch-on paused as PM has left
<b>Luton</b>	Medina	No contact for a number of months. Assumed declined	
<b>Luton</b>	Lea Vale	Will continue with the pilot but as yet have not booked any training.	Meeting booked with Wiggly Amps on Friday 7 <sup>th</sup> September
<b>Luton</b>	Dr Melzeard	No contact for a number of months. Assumed declined	

### Next Steps:

- STP decision on next steps based on feedback from NHSE Procurement Team. Item to be discussed at next Information Sharing Phase 1 Board Meeting.
- Presentation to Bedford CCG Clinical Board by Wiggly Amps.
- Presentation & system demo to be agreed with Milton Keynes Village Practice (MK).
- Realise benefits, develop evaluation evidence (on hold)

### 3. RECOMMENDATION

For the committee to note the contents and progress of the E-Consultation programme.



# **MKCCG Delegated Commissioning Finance Report**

**July 2018**

By Edna Muraya  
Senior Finance Manager



# DELEGATED COMMISSIONING FINANCE REPORT

## JULY 2018

### KEY MESSAGES ON THE BUDGET

The budget for 18/19 for delegated commissioning is £32.966m. As at month 4 the budget was £40K underspent and projected underspend of £100K at the end of the financial year.

This underspend partly relates to an uncommitted contingency reserve of £200K . This is phased equally in the budget with no actual spend currently forecast. However there are areas of overspend that have utilised this contingency reserve.

NHSE is still issuing guidance on the General Practice Pay awards and this will reflect the some changes in the spend especially on Global sum going forward.

#### **The areas that are expected to overspend are as follows:**

Global sum-MPIG and APMS contracts is forecast to overspend by £113K and £57K respectively. This is mainly due to the uplift in Price per patient in the global sum.

Seniority and CQC fees are forecast to be overspend by £41K and £62K respectively. This is due to increased costs in CQC fees for GP practices and Seniority assumed that this will reduce over time but has not reduced at the same level as the budget anticipated.



## **DELEGATED COMMISSIONING FINANCE REPORT**

### **JULY 2018**

#### **The areas that are expected to overspend are as follows cont:**

Rent and premises charges-There is an anticipation that there will be rental increases as the rent reviews are yet to take place and a contingency has been set aside for this.

Rates is projected to higher than budgeted as there is an increase in rates this year hence forecasting a £119K overspend. Work is being undertaken to ensure all practices put in their claims as well as due diligence with GL Hearn to ensure that practices are charged the right rates.

#### **The areas that are expected to underspend are:**

QOF is forecast to underspent by £262K going by the Achievement attained in 2017-18 which was lower than anticipated.

The other area of underspend is £13K in trade waste which the CCG is not liable to pick up as a cost.



Milton Keynes

Clinical Commissioning Group

Service	Budget 2018-19	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Sum of Forecast	Variance
<b>APMS Contract</b>						
APMS Contract	1,781,264	591,534	610,498	18,964	1,838,374	57,110
<b>Sub total</b>	<b>1,781,264</b>	<b>591,534</b>	<b>610,498</b>	<b>18,964</b>	<b>1,838,374</b>	<b>57,110</b>
<b>Corp</b>						
Other-Indem Insurance	0	0	0	0	0	0
Other-Corp	15,642	5,214	5,214	0	15,642	0
Caretaking Fees	0	0	0	0	0	0
Sterile Services	32,063	10,688	3,544	-7,144	24,919	-7,144
<b>Sub total</b>	<b>47,705</b>	<b>15,902</b>	<b>8,758</b>	<b>-7,144</b>	<b>40,561</b>	<b>-7,144</b>
<b>EHS</b>						
Extended Hrs	403,402	134,467	134,467	-0	403,402	-0
Learning Dis	28,768	9,589	9,589	-0	28,768	0
Minor Surg	281,728	93,909	92,805	-1,105	280,623	-1,105
Violent Patients	54,000	18,000	18,000	0	54,000	0
<b>Sub total</b>	<b>767,898</b>	<b>255,966</b>	<b>254,861</b>	<b>-1,105</b>	<b>766,794</b>	<b>-1,105</b>
<b>GMS Contract</b>						
Global Sum	20,860,555	6,922,063	6,940,239	18,176	20,931,683	71,128
MPIG	91,947	30,649	44,496	13,847	133,487	41,541
<b>Sub total</b>	<b>20,952,502</b>	<b>6,952,712</b>	<b>6,984,735</b>	<b>32,023</b>	<b>21,065,171</b>	<b>112,669</b>
<b>PCO</b>						
Mat Leave	108,856	36,285	36,285	-0	108,856	0
PCO-Other	0	0	0	0	0	0
Seniority	175,300	58,433	58,433	-0	216,346	41,046
sickness	85,572	28,524	21,587	-6,937	78,635	-6,937
Susp Drs	0	0	0	0	0	0
<b>Sub total</b>	<b>369,728</b>	<b>123,243</b>	<b>116,306</b>	<b>-6,937</b>	<b>403,837</b>	<b>34,110</b>
<b>PMS Contract</b>						
FDR	708,067	236,022	236,023	1	708,068	2
PMS Reviews CCG	708,068	236,023	237,518	1,495	709,563	1,495
<b>Sub total</b>	<b>1,416,135</b>	<b>472,045</b>	<b>473,540</b>	<b>1,496</b>	<b>1,417,631</b>	<b>1,497</b>
<b>Premises</b>						
Actual rent	3,352,830	1,117,610	1,117,610	-0	3,352,830	-0
Clin Waste	188,397	62,799	72,260	9,461	188,397	0
Water	23,673	7,891	14,278	6,387	23,673	0
CQC Fees	121,445	40,482	75,128	34,647	183,435	61,991
PIG	0	0	9E-11	0	0	-0
Rates	376,707	125,569	165,398	39,829	496,194	119,487
<b>Sub total</b>	<b>4,063,052</b>	<b>1,354,351</b>	<b>1,444,675</b>	<b>90,325</b>	<b>4,244,530</b>	<b>181,478</b>
<b>Presc/Disp</b>						
Disp	0	0	0	0	0	0
Presc	176,437	58,812	50,203	-8,609	173,446	-2,992
<b>Sub total</b>	<b>176,437</b>	<b>58,812</b>	<b>50,203</b>	<b>-8,609</b>	<b>173,446</b>	<b>-2,992</b>
<b>QOF</b>						
ach	1,030,845	343,615	277,801	-65,814	833,403	-197,441
Asp	2,146,281	715,427	693,872	-21,555	2,081,617	-64,664
<b>Sub total</b>	<b>3,177,125</b>	<b>1,059,042</b>	<b>971,674</b>	<b>-87,368</b>	<b>2,915,021</b>	<b>-262,105</b>
<b>Other</b>						
Voluntary levy deductio	0	0	-1,254	-1,254	-1,254	-1,254
Trade waste	13,664	4,555	420	-4,134	420	-13,244
Other Costs	0	0	0	-0	0	-0
<b>Sub total</b>	<b>13,664</b>	<b>4,555</b>	<b>-834</b>	<b>-5,388</b>	<b>-834</b>	<b>-14,498</b>
<b>Total</b>	<b>32,765,510</b>	<b>10,888,161</b>	<b>10,914,417</b>	<b>26,257</b>	<b>32,864,531</b>	<b>99,021</b>
Contingency	200,000	66,667	0	-66,667	0	-200,000
<b>Grand Total</b>	<b>32,965,510</b>	<b>10,954,827</b>	<b>10,914,417</b>	<b>-40,410</b>	<b>32,864,531</b>	<b>-100,979</b>

## Other primary care budgets

### MILTON KEYNES CCG BOARD REPORT MONTH 04

	Annual Plan £000	Year to Date - Month 04						Forecast Outturn			
		Budget £000	Actual £000	Variance £000	%	RAG Rating	Forecast £000	Variance £000	%	RAG Rating	
GP Delegated Commissioning	32,966	10,955	10,914	-40	-0.4%	G	32,865	-100	-0.3%	G	
0.5% Transformation Fund NHSE (GP Alloc)	791	155	0	-155	-100.0%	G	0	-791	-100.0%	G	
Local Enhanced Services	1,419	473	423	-49	-10.5%	G	1,306	-112	-7.9%	G	
PMS Plus Contract	380	127	127	0	0.1%	A	380	0	0.1%	A	
Support to GP Practices (£3/head)	861	0	0	0	0.0%	G	861	0	0.0%	G	
Primary Care Development	-630	-67	0	67	-100.0%	G	-430	200	-31.7%	G	
GP Forward View	1,686	530	525	-5	-1.0%	G	1,672	-14	-0.8%	G	
GP IT	723	241	238	-2	-1.0%	G	716	-6	-0.9%	G	
Commissioning Schemes for over 75s	0	0	0	0	0.0%	G	0	0	0.0%	G	
Pharmacy team	539	179	142	-37	-20.8%	G	495	-43	-8.0%	G	
Urgent Care Contract	1,118	373	376	3	0.7%	A	1,121	2	0.2%	A	
<b>TOTAL PRIMARY CARE</b>	<b>39,852</b>	<b>12,965</b>	<b>12,746</b>	<b>-220</b>	<b>-1.7%</b>	<b>G</b>	<b>38,988</b>	<b>-865</b>	<b>-2.2%</b>	<b>G</b>	

## Recommendations

Primary Care Committee is asked to note the content of this finance report.



---

**Subject:** Evaluation of Economic & Financial Standing of Bidders for Procurements

**Meeting:** Primary Care Committee

**Date of Meeting:** 12 September 2018

**Report of:** Matt James – NHS England

---

## 1. SUMMARY

Good practice for procurements of NHS Services contracts, in excess of £500k, requires a pre-evaluation assessment of the economic and financial standing of each of the bidders. The purpose is to ensure that bidders who are unable to demonstrate long term financial sustainability or are a potential risk of financial failure during the period of the contract are excluded pre-evaluation. Recent legal advice received by NHS England has highlighted the potential for legal challenge if the commissioner is not transparent with the bidders on the methodology used for assessing financial sustainability and the methodology is deemed substantially subjective without reference to objective measurement. NHS England is seeking assurance from CCGs that they have adopted a framework for assessing economic and financial standing, which they share with potential bidders as part of the ITT documentation and can be demonstrated to be based on objective measurement.

NHSE has requested assurance from all CCG's regarding processes when assessing the economic and financial standing of bidders during a procurement process.

NHSE has requested either of the following

1. The CCG has or is developing an objective process for assessing the economic and financial standing of bidders for CCG contracts in excess of £500k.
2. The CCG will publish the process for assessing the economic and financial standing of bidders for CCG contracts in excess of £500k in future ITT documentation.

Assurance has been gained from procurement and finance that processes are in place and we generally apply the best practices as outlined in the NHSE paper.

## 2. RECOMMENDATION

- To note the contents of the paper and the assurance for our procurement processes
- Agreement on our process in order for us to confirm back in writing to NHSE

Title	Evaluation of Economic & Financial Standing of Bidders for Procurements
Author	Matt James
Sponsor	Di Pegg
Directorate	Central Midlands - Finance
Report to /Circulation	JPCCC
Date	

### Executive Summary

Good practice for procurements of NHS Services contracts, in excess of £500k, requires a pre-evaluation assessment of the economic and financial standing of each of the bidders. The purpose is to ensure that bidders who are unable to demonstrate long term financial sustainability or are a potential risk of financial failure during the period of the contract are excluded pre-evaluation. Recent legal advice received by NHS England has highlighted the potential for legal challenge if the commissioner is not transparent with the bidders on the methodology used for assessing financial sustainability and the methodology is deemed substantially subjective without reference to objective measurement. NHS England is seeking assurance from CCGs that they have adopted a framework for assessing economic and financial standing, which they share with potential bidders as part of the ITT documentation and can be demonstrated to be based on objective measurement.

### Brief Description

In December 2010 the OGC/Cabinet Office issued a new requirement for all central government departments to include certain core questions in pre-qualification for contracts in excess of £500k, which was then further updated in July 2014. The core question for economic and financial standing is set out below:

#### **FORM D - Economic and Financial Standing Regulation 24**

*[Note to Authority - the financial assessment of Suppliers and should be undertaken in a manner that is proportionate, flexible and not overly-risk averse while ensuring taxpayer value and safety is protected and the relevant EU Procurement Law complied with. **Furthermore, all Suppliers, whatever their size or constitution, should be treated fairly and with equal diligence during the financial appraisal process. For example: no SMEs, public service mutuals or third sector organisations should be inadvertently disadvantaged by the financial assessment process. Further information is available from PPN 02/13 dated 18 February 2013.]***

<b>1</b>	<b>FINANCIAL INFORMATION</b>	
1.1	<p><i>[Note to Authority – choose out of the two options below, depending on the level of verification you require at this stage.]</i></p> <p>Please provide <b>one</b> of the following set out below:</p> <p>OR</p> <p>Please indicate which <b>one</b> of the following you would be willing to provide:</p> <p><b>(please indicate which one by ticking the relevant box)</b></p>	
	<i>A copy of your audited accounts for the most recent two years</i>	<input type="checkbox"/>
	<i>A statement of your turnover, profit &amp; loss account and cash flow for the most recent year of trading</i>	<input type="checkbox"/>
	<i>A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position</i>	<input type="checkbox"/>
	<i>Alternative means of demonstrating financial status if trading for less than a year</i>	<input type="checkbox"/>

Under the Public Contracts Regulations 2006 regulation 24 allows Contracting Authorities to exclude suppliers from public contracts under criteria set out under the category Economic and Financial Standing.

It is generally considered good practice that commissioners review the economic and financial standing of suppliers bidding for government contracts in excess of £500k and exclude those that are deemed to provide too higher risk of financial failure within the term of the contract being procured.

The regulations do not stipulate how that review is carried out nor whether the process should be disclosed to the bidder however guidance published by the OGC/Cabinet Office suggests that disclosure is best practice and it helps to ensure that the process is fully transparent.

Recent legal advice received by NHS England highlights a high risk of legal challenge from suppliers excluded from evaluation under regulation 24 if the process for evaluating economic and financial standing is not both transparent and equitable.

Equity can be assured by developing a fair objective process that provides an opportunity for all types of business to demonstrate their financial sustainability. Objective measurement eliminates unintended bias towards or against suppliers.

Transparency is insured by disclosing the process to bidders in the tender documentation.

The process should include:

1. Assessment of the suppliers audited or unaudited accounts
2. Assessments of the liquid assets available to the supplier
3. Assessments of the indebtedness and/or gearing of the supplier
4. Past and future profitability
5. Evaluation of contract value/turnover
6. Assurances from the bank.
7. 3<sup>rd</sup> Party financial assessment e.g. Dun and Bradstreet

The purpose of the paper is to seek assurance from CCGs that they have an objective process for

assessing economic and financial standing of bidders to contracts in excess of £500k and that the process is notified to bidders as part of the tender documentation.

## Proposals and Next Steps

This paper seeks assurance from JPCCC that:

1. **The CCG has or is developing an objective process for assessing the economic and financial standing of bidders for CCG contracts in excess of £500k.**
2. **The CCG will publish the process for assessing the economic and financial standing of bidders for CCG contracts in excess of £500k in future ITT documentation.**

**Subject:** Patient Survey – Results July 2018

**Meeting:** Primary Care Committee

**Date of Meeting:** 12 September 2018

**Report of:** Janine Welham, Primary Care Manager

---

## 1. Introduction

The purpose of this paper is to inform and update the Primary Care Committee on the results from National GP Patient Survey published in August 2018.

In contrast to previous years, the Ipsos Mori GP patient survey now consists of one wave of field work which was undertaken from January 2018 to March 2018. In Milton Keynes 8703 questionnaires were sent out with a return rate of 35% which is down from 37% on the previous year. The range of topic areas include making appointments, perceptions of care at appointments, managing health conditions, practice opening hours and services when GP practices are closed.

NHS England – Midlands & East (Central Midlands) Team analyse the results and supplies the CCG ranking and also a ranking at practice level.

## 2. Results – CCG Level

In the 2018 survey the questions were significantly redeveloped to reflect changes to primary care services as set out in the GP Forward View, therefore we are unable to base the results on previous year's performance. The four questions that NHSE now rank the CCG /practices on are:-

- Generally, how easy is it to get through to someone at your GP practice on the phone?
- How satisfied are you with the general practice appointment times that are available to you?
- How often do you see or speak to your preferred GP when you would like to?
- Overall, how would you describe your experience of your GP practice?


Due to the revised questions Milton Keynes CCG is currently ranked 177<sup>th</sup> out of 195.



 CCG name	Generally, how easy is it to get through to someone at your GP practice on the phone?	How satisfied are you with the general practice appointment times that are available to you?	How often do you see or speak to your preferred GP when you would like to?	Overall, how would you describe your experience of your GP practice?	Average of the 4 questions	Central Midlands Ranking for GP access (out of 15)
	% Easy (total)	% Satisfied (total)	% See their preferred GP always,	% Good (total)		
<b>Results for England as a whole</b>	<b>70%</b>	<b>66%</b>	<b>50%</b>	<b>84%</b>	<b>68%</b>	
NHS SOUTH LINCOLNSHIRE CCG	74%	71%	53%	87%	71%	1st
NHS HERTS VALLEYS CCG	73%	67%	53%	87%	70%	Joint 2nd
NHS SOUTH WEST LINCOLNSHIRE CCG	81%	65%	50%	83%	70%	Joint 2nd
NHS LINCOLNSHIRE WEST CCG	70%	65%	50%	83%	67%	3rd
NHS WEST LEICESTERSHIRE CCG	70%	64%	48%	85%	66%	Joint 4th
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	65%	64%	52%	84%	66%	Joint 4th
NHS NENE CCG	67%	64%	46%	82%	65%	Joint 5th
NHS BEDFORDSHIRE CCG	69%	61%	46%	82%	65%	Joint 5th
NHS EAST AND NORTH HERTFORDSHIRE CCG	64%	60%	41%	81%	61%	Joint 6th
NHS MILTON KEYNES CCG	58%	62%	46%	77%	61%	Joint 6th
NHS LINCOLNSHIRE EAST CCG	58%	61%	42%	79%	60%	7th
NHS LEICESTER CITY CCG	60%	60%	40%	74%	59%	8th
NHS LUTON CCG	53%	57%	40%	75%	56%	9th
NHS CORBY CCG	37%	45%	26%	76%	46%	10th


**Results – Practice Level – Please find detailed below the practice level**
**Milton Keynes results**

Clinical Commissioning Group

 Practice name	Generally, how easy is it to get through to someone at your GP practice on the phone?	How satisfied are you with the general practice appointment times that are available to you?	How often do you see or speak to your preferred GP when you would like to?	Overall, how would you describe your experience of your GP practice?	Average of the 4 questions
	% Easy (total)	% Satisfied (total)	% See their preferred GP always, almost always or a lot of the time (total)	% Good (total)	
<b>Results for England as a whole</b>	<b>70%</b>	<b>66%</b>	<b>50%</b>	<b>84%</b>	<b>68%</b>
COBBS GARDEN SURGERY	96%	82%	81%	92%	88%
MILTON KEYNES VILLAGE SURG	93%	67%	78%	92%	82%
SOVEREIGN MEDICAL CENTRE	79%	80%	62%	92%	78%
THE STONEDEAN PRACTICE	92%	71%	44%	91%	74%
FISHERMEAD MEDICAL CENTRE	72%	77%	69%	79%	74%
NEATH HILL HEALTH CENTRE	84%	77%	47%	81%	72%
DRAYTON ROAD SURGERY	74%	67%	66%	78%	71%
WESTFIELD ROAD SURGERY	59%	69%	62%	87%	69%
NEWPORT PAGNELL MED.CTR.	68%	74%	43%	89%	68%
THE RED HOUSE SURGERY	57%	75%	55%	84%	68%
KINGFISHER SURGERY	72%	68%	30%	70%	60%
WHADDON MEDICAL CENTRE	45%	71%	34%	85%	59%
STONY MEDICAL CENTRE	60%	55%	37%	81%	58%
THE GROVE SURGERY	59%	69%	27%	78%	58%
CENTRAL MILTON KEYNES MEDICAL CENTRE	52%	56%	47%	73%	57%
PURBECK HEALTH CENTRE	53%	59%	37%	77%	56%
BROUGHTON GATE HEALTH CENTRE	62%	70%	20%	74%	56%
BEDFORD STREET SURGERY	51%	55%	40%	78%	56%
PARKSIDE MEDICAL CENTRE	54%	52%	54%	62%	55%
WATLING VALE MEDICAL CTR.	52%	53%	39%	75%	55%
WALNUT TREE HEALTH CENTRE	48%	50%	39%	79%	54%
OAKRIDGE PARK MEDICAL CENTRE	65%	47%	29%	66%	52%
WOLVERTON HEALTH CENTRE	36%	51%	43%	69%	50%
HILLTOPS MEDICAL CENTRE	53%	49%	33%	63%	50%
WESTCROFT HEALTH CENTRE	37%	52%	29%	71%	47%
ASHFIELD MEDICAL CENTRE	28%	48%	40%	66%	45%
WATER EATON HEALTH CENTRE	19%	55%	20%	61%	39%

The CCG has several practices that have performed outstandingly in the survey which include Cobbs Garden Surgery, Milton Keynes Village Practice, Sovereign Medical Centre and The Stonedean Practice.

### **3. Changes implemented by practices to improve access**

- All practices within Milton Keynes offer access to online booking but this does vary as to the number of appointments available to patients per practice
- The majority of local practices offer telephone consultations with a GP or healthcare professional or a triage system where the GP will bring the patient in for an appointment if required on the same day
- All practices are able to use the GP Access Fund for additional pre-bookable appointment capacity, two practices who chose not to use it have now decided to offer this option to their patients as from the 1 September 2018
- Piloting 111 direct booking into both practice and GP Access Fund appointments for urgent on the day
- All 27 practices have availability for urgent on the day access for patients.

### **4. Practice Visit Programme update**

The Primary Care Team and Quality Team are prioritising GP practice visits based on triangulating information and data to identify those practices that are performing well and those practices that need additional support to improve performance. 7 practice visits have been completed so far and actions on improving access have been included within the action plans these include:-

- Promoting direct booking through 111
- Promotion of the e-consultation pilot
- Utilising PPG's to raise awareness of opening, appointment types and using the correct healthcare professional
- The use of clinical pharmacists, paramedics and nurse prescribers
- Sharing of workforce through the Primary Care Home Clusters
- Diagnostic assistance through the GP Resilience Programme for practices unable to recruit.

### **5. Recommendation**

The Primary Care Committee is asked to:

- Note the patient survey results
- Note the work that is ongoing to improve access through the practice visit programme
- Support the primary care team at looking at ways to improve access to local GP services to include:
  - Working with practices, patients and Healthwatch to clearly understand people's frustration and perception of GP access
  - Identification of problems that the public face in getting appointments and support/encourage practices in implementing best practice and lessons learnt from elsewhere
  - Work with practice PPGs to educate the public on GP access, highlight the effect that DNAs have on both patients and practices, awareness of the increased range of contact modes now available in practices, the opportunities to access a wider range of practitioners and how their actions and decisions can reduce demand elsewhere in the system i.e. A&E attendances, out of hours contact and emergency admissions
  - Working with practices on the Primary Care Home model to encourage sharing workforce within clusters





- Utilising funding opportunities through Health Education England to support and development workforce.