

**NORTH EAST LINCOLNSHIRE JOINT CO-COMMISSIONING COMMITTEE**

**NOTES OF THE MEETING HELD ON THURSDAY 23RD JULY 2015 AT 14.00**

**TRAINING ROOM 1, CENTRE4, 17a WOOTTON ROAD, GRIMSBY, DN33 1HE**

**PRESENT:**

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| Mark Webb  | Chairman of NELCCG |
| Steve Pintus | Director of Public Health, NELC |
| Cllr Jane Hyldon King | Portfolio Holder for Health / Deputy Leader of the Council |
| Dr Thomas Maliyil | GP lead for Primary Care, NELCCG |
| Geoff Day | Head of Co-Commissioning Localities, NHS England |
| Zena Robertson | Deputy Director of Nursing, NHS England |
| Dr Sudhakar Allamsetty | GP representative of CoM (for Dr Derek Hopper) |
| Christine Wallis | Primary Care Triangle Lay Member |

**IN ATTENDANCE:**

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| Julie Wilson | Assistant Director Programme Delivery & Primary Care |
| Karen Stamp  | PA to Executive Office, Note taker |
| Debbee Walker | Service Lead, NEL CCG |
| Paul Glazebrook | Health watch Representative |
| Russell Walshaw | LMC Representative |
| Jake Newby  | NELC (For Item 5) |

**APOLOGIES:**

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| Cathy Kennedy | Deputy Chief Executive/CFO, NELCCG |
| Dr Derek Hopper | GP Chair of CoM, NELCCG |

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|  | **ITEM** | **ACTIONS** |
| **1)** | **APOLOGIES**Apologies were noted as above |  |
| **2)** | **MINUTES OF THE LAST MEETING & ACTION SUMMARY SHEET**The Minutes of the Meeting held on 23rd April 2015 were agreed as an accurate record and the updated action summary sheet was noted. |  |
| **3)** | **DECLARATION OF INTEREST** Dr Thomas Maliyil and Dr Sudhakar Allamsetty declared an interest in Item 10 - PMS Uplift which relates to GP Pay. |  |
| **4)** | **MARKET MANAGEMENT : Task & Finish Group update**Members were made aware that the Task and Finish Group have now met and focussed mainly on learning lessons from previous experiences. They have also drawn up a set of principles to use strategically when GPs wish to retire and these will be discussed further next week between the CCG, NHSE and the LMC, before being taken to the GP development group for discussion. They will then come to the committee for approval.**The Committee noted this update** |  |
| **5)** | **Local Plan Update**Jake Newby, Lead Officer for Planning, at North East Lincolnshire Council (NELC) attended to inform members about the Local Plan. Members noted the following points:* The Plan covers the period up to 2032 and the main document is over 450 pages long.
* North East Lincolnshire is anticipating a medium growth of around 26,000 people, 8,800 new jobs and a housing growth of 10-13,000
* Most employment will be on the South Humber Bank with companies such as DONG, The Marine Park, and Young’s predicting job growth.
* Three potential majorhousing developments have already been identified which the CCG will need to be aware of when looking at healthcare needs of the population and Healthy Lives Healthy Futures:
* **Grimsby West** (Great Coates to Laceby) this is a huge scheme
* Further developments on **Scartho Top**
* **Humberston Road** towards Weelsby Woods; this development is very much in the early phases and fits into the NHS plan for Healthy New Towns
* The next stages will focus on the infrastructure delivery plan ie. highways, drainage, schools and health centres including consultation with various bodies and organisations over the next 3 months.

 * The Health Impact Assessment has been carried out by Geoff Barnes.
* NELC have the summer and autumn to finalise the content of the plan, with a consultation taking place in early 2016 and final submission to the Government in the Summer of 2016.
* Questions for the CCG to consider:
* Do our plans reflect the scale of growth forecast in the local plan?
* Do our plans reflect possible demographic changes?
* Do the strategic sites present any particular challenges or opportunities?
* Do our plans need direct support from the Local Plan or is a flexible approach acceptable?
* Jake Newby is the lead for Officer for Planning and Contact details are Jake.newby@nelincs.gov.uk or 01472 323370 if people wish to provide any feedback.

NHS England has commented that the plan will need to be flexible, as new Health Centres cannot just be opened up in one area. The timing of growth will be crucial and there will be a need to work closely with existing practices to look at their capacity over the next for 3-5 years. A comment was made in the meeting that the locations of the developments as outlined above could put a huge pressure on Scartho Medical Centre. The CCG acknowledged that NELC were anticipating a growth in the working age population as a lot of the current plans focus heavily on the aging population within North East Lincolnshire so clearly these needs will be different. It was noted that NELC do keep track of how many houses are built and would happily share that data with the CCG, as clearly the Local Plan is just a forecast. It was discussed that the infrastructure demands in these areas for community centres, schools and transport all need to be carefully considered. It was noted that there should not be the expectation that the existing services will be able to cope with an additional demand. An example was given to the size and length of time the development of Scartho Top has taken - over 20 years and there is still no transport on that site. There were also concerns raised by NHS England as to the proximity of the Scartho Top development to A&E; should the residents not be able to get an appointment at their local GP Practice, they might start using A&E as an alternative.**The Committee received the update from Jake Newby and the Chair thanked him for attending.** |  |
| **6)** | **7 Day Pilots**The7 Day Pilots Report was taken as read and the following key messages were highlightedto members:There are currently two separate groupings of Practices that are working together to test out new models:* The North East Lincolnshire Docks Collaborative includes 10 Practices, covering a population of approximately 80,000. This scheme was submitted as part of the NHS England ‘Prime Ministers Challenge Fund’ (PMCF) initiative. Whilst it was not formally approved through that process, as it didn’t exactly meet the criteria, NHS England were very supportive of the proposal and agreed to fund it from the national primary care infrastructure fund.
* The Grimsby Central GP Collaborative includes 12 Practices, covering a population of approximately 70,000. This is in response to a CCG offer to fund a pilot from within 2015/16 non-recurrent transformational funding. The group are currently developing their model, and have submitted an initial high level proposal to the CCG. The plan is to have a final model agreed by the end of July, for implementation by 1st October 2015.

– Appendix 1 sets out some of the key features of the two test models.It is important to note that both of these pilots are at an early stage and communication and engagement plans for the registered population will be a key part of the work. These plans are being developed. Once the evaluation of the 7 day pilots is available, within the final quarter of 2015/16, this Committee will be presented with the findings and asked to take a view on how the current commissioning arrangements for extended GP access could be reviewed to support a new model, should it prove successful.Concerns were expressed about communicating any changes to the frail elderly group of patients as they are likely to get confused and not understand a letter or push button phone service. It was noted that the Patient Participation Groups (PPG) will be asked to support communication of the pilot and a budget for communications and engagement has been set aside. Dr Allamsetty confirmed that they will also be receiving feedback from a Super Practice in Birmingham to learn what they did.Confirmation was received from NHS England that an APMS contract is in place for the period of the pilot with the practices and if this works consideration will need to be given as to how to make it sustainable as a different way of delivering services.HealthWatch queried what the outcome of success will look like? Members noted there are a clear set of measurers that they will be looking at. It was also felt that the ultimate success measure will be patients being happy with the way the service is delivered and on-going funding.HealthWatch were concerned about a postcode lottery with some practices that have not signed up to either of the pilots. It was clarified that if the pilots are successful, the remainder of the practices will join in.A discussion took place around how the dynamic in the Docks collaborative was already having an impact. The idea of using a triage service to re-route patients to a GP practice that has appointments available on the day, has already ensured that practices have looked at their patient access for appointments before the pilot even started.**It was agreed that the Joint Co-Commissioning Committee will be kept updated of progress on the collaborative pilots on Future Agendas.**  | **K Stamp** |
| **7)** | **GP Recruitment Update**Due to a number of workforce challenges in Primary Care, the CCG are working with a number of partners to look at opportunities to stabilise and re-shape the workforce model. It is currently working very closely with HYMS on three project areas; the attached paper gives an update on the GP recruitment scheme in Holland and was taken as read.The second project is looking at basing Physiotherapists within the GP practices and funding has been granted to the East Coast in order to reduce demands on GP times. As we are one of two taking part in a national pilot the outcomes and metrics are very important and there is a responsibility to report back nationally. There was a discussion around whether placing physiotherapists within practices will just cater for the presently unmet physiotherapy demand and not actually have any impact on the GP workload; this could result in the system actually double running. Members noted that a lot of time and motion studies have been carried out and they have seen a significant positive impact on GP workload.The third project is a Clinical Education Fellow Post with a 50/50 split of their time working in general practice and with HYMS, rolling out the Primary Care Education Programme. Four practices have expressed an interest in hosting this post and currently there is one expression of interest in the post itself.Health Education England are also looking to expand the role of the Health Care Assistant (HCA) with a Clinical Healthcare Apprenticeship Scheme being developed; historically there has been no education programme for HCAs. A discussion took place around linking that scheme with Grimsby Institute For Further Education, as that is where we will be looking to recruit from and to encourage students into a health career choice. Mark Webb suggested that Debbee Walker could put the two contacts in touch with one another to see how they can link up. NHS England are holding a meeting in August with the Directors of Nursing, Provider Services and Health Education England, to which NELC have been invited. The purpose of the meeting is to look at the commissioning of future Education Programmes.Lincs are preparing a bid for a national pilot scheme where Clinical Pharmacists are being based within GP Practices in an effort to free up GP resources. The Clinical Pharmacist role will include patient long term medication reviews and hospital discharge medication reviews.**The Committee noted the above updates and the possible benefits these schemes may bring, if successful.** | **M Webb/ D Walker** |
| **8)** | **Primary Medical Services Budget (Summary)****NHSE**The attached paper was taken as read by the Committee. Members were informed that there is not much flexibility within the £27 million as most of this money is tied up in contracts. One of the big challenges will be delivering transformational change working with practices and some elements of this money could be used in a different way. An example of this is the QOF funding which stands at £3.2 million and could be realigned in a different way to support the CCG’s strategic plan. With this level of investment there is real scope to engage in discussions for transformational change. Members felt that the environment is right at the moment as people get on board with change, however GPs will need to be engaged to work in a different way and could query how much of the QOF is still valid. NHS England stated that all GP practices could move onto one PMS contract for the whole of NEL; however all GPs in the area would have to agree to do so.**NELC**NELC updated that their spend of Primary Medical Services is as follows:£233,000 - smoking/drinking/sex services £430,000 in pharmaceutical services – needle exchanges etcNELC informed that they are interested to look at the synergy of services and that there is also a social prescribing discussion going on. **CCG**The Paper was taken as read by the Committee noting a very slight overspend of £15K in Enhanced Services - overs 75s due to list sizes changing in practices **The Committee noted the above Budget Summary updates** |  |
| **9)** | **Process for Considering Full Delegation of GP Primary Care Commissioning**The Committee was made aware that a decision needs to be made by the CCG on whether it looks to adopt Level 3 - Fully Delegated Commissioning. Expressions must be submitted by 22nd October 2015. A paper will be drafted and ready for discussion by the end of August, and will need to be reviewed by the Council of Members before a final decision is taken at the September Partnership Board meeting. It was decided that an extra-ordinary Joint Co-Commissioning Meeting should be arranged for the end August/beginning of September to discuss this paper. **ACTION: Karen Stamp to arrange.****The Chair agreed to hold an extraordinary Joint Co-Commissioning Meeting to discuss this one item in more detail when the paper was ready for consideration.** | **K Stamp** |
| **10)** |  **Primary Medical Service (PMS) Uplift Recommendations  For GP Contracts*****As a Declaration of Interest has been made by Drs Allamsetty and Maliyil, they did not participate in this item discussion or decision.***The report was taken as read. The Committee were asked to consider the recommendation to increase the baseline payment of £79.15 to £80.81 as advised by the Doctors and Dentists Review Body.**The Committee approved the recommendation in this report and the proposed uplift.** |  |
| **11)** | **Re-Commissioning of Drugs And Alcohol Services**The Committee was provided with an overview of the current position and that NELC are currently out to tender for the Drugs and Alcohol service, due to the size of the three year contract. Members were informed that the Local Government and the NHS are currently working to different timescales. Members noted that a submission has been put forward by a group of practices who already provide the services. The LMC mentioned that the prescribing costs for this service should not be met by the practices since the Drug and Alcohol service is no longer an NHS service. The FP10 on a practice budget is contrary to the PMS contract and once this service transferred out of the NHS this budget should have accompanied it. It was noted that a separate budget should be identified and the use of the FP10 is no longer in use.**The Committee noted that the new service should be in place by the start of November.** |  |
| **12)** | **CQC Inspections Updates: Ashwood Surgery** Members were made aware of the recent announcement from the CQC about Ashwood surgery and the paper was taken as read. It was clarified that the CCG have a duty to support improvements in primary care ensuring that patients receive the best quality of care and therefore have a statutory responsibility to offer support to this practice. NHS England have also offered support, and members noted that if any new concerns arise we are obliged to report to the CQC immediately, who may carry out another inspection.**The Committee noted this update** |  |
| **13)** | **Contract Variations:*** **Dr Jethwa**

The Committee was asked to take a decision on allowing Dr Opie and Dr Spalding from Roxton Practice to be added to the PMS contract for Dr Jetwa’s practice within Weelsby View, as Dr Jethwa wishes to retire.Members noted that the CCG has no issues with this practice alignment and that it may even help the local strategy, encouraging more collaborative working within that building which contains a lot of single handed practices.**The Committee approved this partnership and the Chair requested that a Paper is circulated to the Joint Co-Commissioning Committee to keep a formal record.** **ACTION : Geoff Day** | **G Day** |
| **14)** | **Information Item: Review of GP Access - Health Watch Report**A report produced by HealthWatch was brought to the Committee and taken as read. The Chair highly commended the report which highlights a number of concerns raised by patients in relation to accessing their GP practice for appointments.The report should be considered in the context of the national patient survey and benchmarking reports which show that the access to GP services is relatively good in North East Lincolnshire, with some notable examples of good practice already in place; however the report clearly demonstrates that the picture is inconsistent between practices and between days of the week, and that the CCG must continue to strive for improvement as a key priority within our Primary Care strategy. **The Report was noted by the Committee.**  |  |
| **15)** | **Any Other Business**No items of any other business were raised**.** |  |
| **16)** | **Date & Time of next meeting****Extraordinary Meeting :** **Tuesday 1st September 2015, 1.30 – 3.00pm, Centre4 Training Room 1****Next Scheduled Meeting:** **Thursday 29th October 2015 14.00 – 16.00 – Training Room 1** |  |