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

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

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

**PRESENT:**

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| Mark Webb  | Chairman of NELCCG |
| Cathy Kennedy | Deputy Chief Executive/CFO, NELCCG |
| Steve Pintus | Director of Public Health, NELC |
| Dr Derek Hopper | GP Chair of CoM, NELCCG |
| Dr Thomas Maliyil | GP lead for Primary Care, NELCCG |
| Geoff Day | Head of Co-Commissioning Localities, NHS England |

**IN ATTENDANCE:**

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| Karen Stamp  | PA to Executive Office, Note taker |
| Debbee Walker | Service Lead, NEL CCG |
| Paul Glazebrook | Healthwatch Representative |
| Russell Walshaw | LMC Representative |

**APOLOGIES:**

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| Zena Robertson | Deputy Director of Nursing, NHS England |
| Cllr Mick Burnett | Health and Wellbeing Board chairman, NELC |

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|  |  | **ACTION** |
| **1.** | **APOLOGIES**As noted above |  |
| **2.** | **DECLARATION OF INTEREST** The Conflicts of Interest Policy was taken as read and noted for information.There were no declarations of interests made. |  |
| **3.** | **AGENDA SETTING**It was agreed that the Co-Commissioning Committee Agenda for future meetings would be drafted by NEL CCG and circulated to Steve Pintus on behalf of NELC and Geoff Day on behalf of NHSE approximately 2 weeks before the meeting for them to add any additional items. The final draft shall be approved by the committee chairman.Geoff stated that when he receives a request through for a practice decision which needs to come to a future meeting of this Committee he will flag at point of request with Karen Stamp (meeting administrator). |  |
| **4.** | **TERMS OF REFERENCE**It was noted that as the Terms of Reference have been previously discussed in depth at the Co-Commissioning workshop in March, they were just to be formally adopted by the Committee today. * **Appointment of Vice Chair**

Members agreed that Steve Pintus will be the Vice Chair of this Committee in the Chairman’s absence (noting that he is no longer a practicing clinician)* **Nominated Deputies**

 The following was agreed:* Stephen – to confirm to Karen Stamp
* Elected NELC member – the representative will not be known until after the elections in May
* Geoff – to confirm to Karen Stamp
* Zena – to confirm to Karen Stamp
* Cathy – Julie Wilson
* Mark – Sue Whitehouse (Lay Representative)
* GP deputies - Thomas & Derek to ensure one of them is present at meeting. Another named GP deputy is to be confirmed by Council of Members. Derek to confirm to Karen Stamp once agreed

The Terms of reference were approved by the committee***Post Meeting Note***: Christine Wallis has been successfully appointed as the new CCG Primary Care Triangle Lay Member and will also be joining this committee as a Lay member as set out in the Terms of Reference. | **SP****GD****ZR****DH** |
| **5.** | **CCG STRATEGY FOR PRIMARY MEDICAL SERVICES**As this had been discussed at length at the Co-Commissioning Workshop in March, the Committee today was asked to recognise it as the intended way forward and core to all decision making. It was agreed that any proposal that comes to this Committee needs to fit with this strategy and on the coversheet a box will be added for people to ensure that it complies with latest CCG Strategy for Primary Medical Services. **ACTION: Karen**It was noted that from a contractual point of view, certain regulations might restrict the Committee from ensuring that every decision will fit. If a decision is made that does not fit with the strategy, this will need to be made clear on the coversheet and in the minutes.The Strategy was approved by the Committee. | **KS** |
| **6.** | **MARKET MANAGEMENT**Geoff informed that this Committee should be key in the delivery of the transformational change agenda , and explained how personal medical services contracts can be used to deliver this change provided work is done in advance to secure the support of the contract holders.In seeking to manage the market NHS England (NHSE) and the CCG need to work with contract holders, particularly when they are experiencing difficulties. It is possible to use the regulations to deliver a move towards the CCG strategy whilst at the same time addressing the wishes of the GP contract holders. On the issue of poorly performing practices, the Quality Surveillance Group raise issues and contractual actions taken as a result of this would be discussed at this Committee. It was agreed that all significant performance issues and serious incidents would come to the attention of this Committee under a Part B agenda.Cathy asked if there were any issues that this Committee are inheriting as of today, that they need to be aware of. Geoff informed that there are currently two issues at this moment in time, technically not contractual issues, just concerns at this stage. Clarification was sought as to which point this Committee would be made aware of these. Geoff confirmed that issues of concern an individual practice would be brought routinely to future meetings as a Part B agenda item. It was clarified that when setting the Agenda for Part B, each partner needs to flag if they have anything to bring. It was also agreed that Part B should be held with voting members of the meeting present only and a note taker, as they carry the responsibility. The Chairman can invite additional attendees on an exceptional basis if he feels that they would have valuable input into an issue. Geoff highlighted that he has received a request from Dr Jethwa who wishes to retire. There are a number of issues around premises leases and what happens to that practice going forward. Dr Jethwa has already received contact from some other Practices. Derek felt that this was old school succession planning where the person retiring made all the arrangements for their patients going forward, and that this should be more closely managed by commissioners. Cathy noted that a Task & Finish group has been established to look at these kind of issues, and it was agreed that an update would come to the next meeting. **ACTION: Agenda Item**Steve informed that there has been a lot of discussion around the councils Local Plan and aspirations for North East Lincs and that this has implications for provision of Primary Care. He felt that this Committee will provide a mechanism to look at the expectation of the market, and the Primary Care Strategy should feed into that Local Plan, responding to the needs of the local population. It was agreed that a further update will be received at the next meeting. **ACTION: Agenda Item** | **Agenda****Agenda** |
| **7.** | **NEW ENHANCED SERVICES**This paper was taken as read. Members noted that three 3 local services have recently been commissioned following a national review of the PMS Contract conducted by NHSE.The three services are * Anticoagulation Level 3
* Post-operative Care Service
* Administration of GnRH Analogues (Urology)

It was noted that Patients will not see any disruption to services, and payments will be made by NHSE backdated to 1st April 2015.A further paper will be provided to the Joint Co-commissioning Committee later in the year looking at priorities for use for the next 25% of the monies, which will be available in 2016-17. Geoff highlighted that he does require Practices to sign the recently issued contract variations for 2015/16. Some practices appear reluctant to sign off contract variations and he has not yet had many of them back. It was recognised that the CCGs ability to invest the premium from the PMS contract review was reliant on practices signing and returning their contract variations. Cathy agreed that the CCG will try to assist in communications with practice managers, explaining the consequences of not signing. It was agreed that the CCG Practice Advisors could collect forms from people when they are on visits to practices. **ACTION: Debbee Walker to liaise with Practice Advisors/Geoff Day****The Paper was noted** | **Agenda****DW/GD** |
| **8.** | **LOCAL INCENTIVE SCHEME**This paper was taken as read. It was noted that as PMS contracts are changing the requirement within them to participate in budget management has altered but the CCG still sees this responsibility as a key function of practices, engaging with the CCG directly to manage performance of the main providers (e.g. NLAG) and wants to reward practices for active participation in this process.Cathy informed that this links to the Strategy of practices engaging and monitoring around activity, prescribing and financial data. It was noted that in 2015/16 the opportunity to earn additional income through the Quality Premium if we meet a range of specific targets including prescribing . This is a national system, whereby if targets are met there is one off incentive funding. It was noted that not every Practice needs to improve, but the CCG would like all practices to get to best quartile, which has been achieved by a mix of practice sizes. The scheme would be asking that practices make progress towards that best quartile position. If a practice is already in that position and remains there they will be rewarded automatically.Derek highlighted that data practices receive can be difficult to use, you might get figures in month 5 that you have an underspend but the next set of figures you receive are in month 10 and you have an overspend, which is very difficult for practices to manage. Cathy informed that a lot of the issues around data have now been resolved and every practice should be getting data monthly now. **ACTION: Cathy to confirm that this will happen routinely now.** Thomas raised the issue of how practices raise issues of inaccuracy with data received from the CCG, Cathy advised that Practices should engage with their CCG Practice Advisors who will bring issues back to CCG or practices can email directly through the “askus” email inbox.Paul queried how much is the scheme incentivising practices given its low value. Debbee informed that that from the 14/15 monitoring figures, the CCG have seen variations in responsiveness but overall it has been very successful. Practice Advisors have been instrumental in this, as has the Pharmacy Advisor for the CCG.Members of this Committee we asked to approve this scheme and for approval for Cathy Kennedy to have final sign off of the outstanding details. **This was agreed**. | **CK** |
| **9.** | **PRIMARY MEDICAL SERVICES BUDGET (SUMMARY)*** **NELC**
* **CCG**
* **NHSE**

It was noted that this will be standing item on all future meeting agenda’s however the budgets have not yet been finalised to there is no report today. Commitment from NELC and NHSE was sought to provide these figures for future meetings to enable this Committee to have an informed debate about spends and opportunities etc. To clarify, Cathy was requesting organisations to provide a summary budget statement that includes all services that are commissioned by the organisation from GP practices in NEL. |  |
| **10.** | **ANY OTHER BUSINESS**None was raised.  |  |
| **11.** | **DATE & TIME OF NEXT MEETING****23rd July 2015 ~ 14.00 – 16.00 ~ Meeting Room 1, Centre4, Whootten Road, Nunsthorpe****Apologies noted:** Derek Hopper, Cathy Kennedy |  |