

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

**NOTES OF THE MEETING HELD ON THURSDAY 28TH APRIL, 14.00 -16.00**

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

**PRESENT:**

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| Mark Webb | NELCCG Chair |
| Dr Thomas Maliyil | Chair of CoM, NEL CCG |
| Dr David Elder | Representative for Vice Chair of CoM |
| Heather Marsh | NHS England |
| Cllr Jane Hyldon-King | Portfolio Holder for Health / Deputy Leader of the Council |
| Julie Wilson | Assistant Director Programme Delivery & Primary Care  |

**IN ATTENDANCE:**

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| Karen Stamp | PA to Executive Office, Note taker |
| Mike Bateman | Health Watch Representative |
| Russell Walshaw | LMC Representative |
| Jill CunninghamSophie Hudson | Service Manager, NELCCGService Manager, NELCCG |

**APOLOGIES:**

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| Steve Pintus | Director of Public Health, NELC |
| Cathy Kennedy | Deputy Chief Executive/Chief Financial Officer |

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|  | **Item** | **Actions** |
| **1** | **Apologies** Apologies were noted as above. |  |
| **2.** | **Declarations of Interest** Dr Elder and Dr Thomas declared an interest in item 10, Local Quality Scheme. |  |
| **3.** | **Minutes of the Previous Meeting**  The minutes of the previous meeting were agreed.  |  |
| **4.** | **Matters Arising*** Dr Thomas Maliyil informed that with regards to Substance Misuse patients attending the out of hours service he had not had any further feedback and there don’t appear to be any issues currently. This item was now closed.
* The revised Terms of Reference for this group were received by the Governing Body.
* It was noted that the Phlebotomy Spec had now been offered out to Practices. Feedback on the level of sign up will be reported to the July 2016 meeting.
 | JW |
| **5.** | **Virtual Decisions Paper**Julie Wilson presented a paper to ratify the virtual decisions taken by this committee between February 2016 and April 2016**The Committee ratified those virtual decisions taken.** |  |
| **6.** | **Ashwood Procurement update**Heather Marsh reported that further to the paper circulated, NHS England have not had approval to offer out a long term contract, so this Committee needs to reach a decision on whether we offer a 5 year contract. There are some risks associated with the the shorter contract but it was felt they are outweighed by the need to ensure that a longer term provider is secured by August 2016 via a procurement. **The Committee agreed to procurement for this service for a 5 year contract starting in August 2016.**  |  |
| **7.** | **Primary Care Transformation Fund (PCTF) bids**Julie Wilson gave a presentation to the committee, providing some background to the PCTF and the latest guidance on the timeline for this year’s process, as well as updating the Committee on existing schemes that are in the ‘pipeline’, which were agreed in principle in 2015. The full presentation can be found here. Members were informed that those existing schemes which were classified as ‘category 3’ (agreed in principle but further work required and defer) by NHS England last year have not yet started and it is not yet clear to the CCG how much further work needs to be done. The potential revenue costs shown are the worst case scenario for the CCG, as across the various schemes there have been conversations with Landlords regarding contribution to costs, with varying responses as to what elements they would pick up. It was raised that there may be funding for superfast broadband via other grants and Mark Webb agreed to explore this further. It was also noted that there may be some European funding available to support some of these schemes and Jane agreed to speak to contacts within NELC to find out more information.**The Committee agreed that an extraordinary meeting will be held at the end of June to look at a prioritised list of bids. It was also agreed that a subgroup of this group will meet as a panel to progress the prioritisation and prepare for the extraordinary meeting.** | **MW****JH-K****KS/JW** |
| **8.** | **Proactive Case Finding & Management Specification**Jill Cunningham presented a paper asking theCommittee to comment on the detail of the specification and agree the investment.Jill informed that the specification will bring together the elements of the NHS England Avoiding Unplanned Admissions (AUA) national Enhanced Service and CCG local requirements into one specification. The new specification builds on the AUA by expanding those requirements out to a wider cohort of patients locally, and would support the roll out of the support to cares homes project. The additional cohort of patients would cover: * Housebound with no health needs at present, requiring medicines review only;
* Short-term housebound following short spells of ill health/surgery/injury;
* Care home patients, not already identified within the 2%, but who would benefit from regular review in conjunction with the Support to Care Homes Co-ordination Team.

The total investment would include £2.87 per head of population for the NHS England Elements (this is the national payment for NHS England DES) and £3.87 per head of population for the CCG Elements. It was also noted that because the NHS AUA specification is only one for year, the local specification will also be for one year only.As previously discussed with the Committee, the CCG investment will be drawn from the previous over 75s service investment, a proportion of which has also been invested in the support to care homes project.The final split of payments across the CCG elements is still to be determined, and the agreement to combine the NHS England elements into a local specification is still to be confirmed by NHS England.The LMC raised concerns regarding the costings and asked if it was more work for the same resource or more money for more work. Jill confirmed that it is additional investment and additional work. The LMC urged that practices should critically look at specifications and build in 10% profit. The LMC advised reading their guidance the *Economics Of Taking On New Work* ,which is available on the LMC website.The Chair agreed that practices need to be sure that the investment level reflects the work required otherwise it will not be achieved, . It was also highlighted that the NHS England AUA doesn’t link payment to outcomes, but the local specification has an element that does this, so this will consolidate efforts on supporting and delivering. **The Committee agreed the investment and to delegate the final decision on the breakdown of payment against the CCG elements of the specification to Deputy Chief Executive or Assistant Director Co-Commissioning.**  |  |
| **9.** | **7 Day Strategy**This paper was taken as read with the following highlights given:The attached presentation considers available evidence and guidance that supports a move towards 7 day general practice services by 2020, including:* Local patient survey results, including the national GP survey, bespoke Health watch report and findings of NEL Docks survey
* Local service strategy
* Findings of an independent evaluation of the Prime Minister’s Challenge Fund (PMCF) sites

The GP Development Group and the Council of Members have also considered this. Views expressed were that it was felt to be a reasonable aspiration, given the current evidence, but that it should be seen as an aspiration at this point, which could evolve as further work is undertaken to develop a plan for full implementation by 2020. In relation to the proposed 7 sites, a view was expressed by the Council of Members that this may be too many and that potentially access should be consolidated across fewer sites; perhaps 4.The following points were noted:* Jane Hyldon-King felt that whilst a move towards 7 day services was welcome, this needs to be set in the context that practices are struggling to provide sufficient capacity now .
* Successive governments have raised expectations that patients can see a doctor within a certain time and that is not always achievable.
* Four sites may not be enough to provide sufficient accessibility across NEL.
* Any plans should carefully consider the public transport links with the sites that will open.
* The proposed number of additional opening hours was not too much of a push in the context of the current extended hours arrangements.
* Any plans for general practice services over 7 days need to be part of the wider system plans for 7 day access.

It was noted that what has been presented is only the very start of further work to develop a strategy and plan for implementation by 2020. The work on this will be taken forward through workshops and focus groups, etc, and overseen by the GP Development Group.**The Committee noted this update and that this will continue to be developed with oversight of the GP development group.**  |  |
| **10.** | **Local Quality Scheme**Dr Thomas and Dr Elder raised a conflict of interest in this item. Julie Wilson presented a report outlining an update to the Committee that a task and finish group has met to develop a proposed Local Quality Scheme for implementation during 2016/17. The task and finish group included GPs, lay rep, practice managers and CCG staff. They have met three times to consider the content and there are now five components to the scheme as follows:* **Management of Pre-diabetes**

The creation of a Register & On-going Monitoring of patients at risk of diabetes. From that register identify patients for referral to the National Diabetes Prevention Programme (NDPP) scheme.* **Improvements in Prescribing – two parts**

To ensure effective antibacterial prescribing.To ensure effective and efficient prescribing practice, using tools to support where appropriate (e.g. Optimise RX)* **Addressing variation in outpatient activity**

A peer review between practices to understand variation in outpatient first and follow up activity. To identify and share best practice and guidance, to support enhanced care in the primary care setting and reduced variation across NEL.* **Patient Experience**

To achieve an improvement in the quality of patient contact within the surgery. Two surveys will be conducted to monitor and assess patient experience at first point of contact within the practice. Working closely with their Patient Participation Group (PPG) practices will identify any issues and work to develop plans to address them.* **Practice Audit – Quality Based**

A full cycle audit using a frame work of quality to be adopted and audited. Practices will have a choice of four Quality Areas to work from that support CCG quality initiatives in year, or they could select their own topic which would be considered by the CCG. By the end of the year, the practices would need to demonstrate the quality improvements brought about as a result of this audit.The fine detail of the measures, monitoring and the breakdown of the financial elements for each area is still being finalised. The overall funding for this scheme is made up of the following:* £50k of PMS premium will be placed into the funding for the scheme, which has already been approved by the Committee
* £300k will be provided from the previous PBC incentive scheme budget, which needs to be approved by the Committee

Each element will have a payment per patient on the total list. There is a little more work to do in order to ensure the breakdown reflects the input required for each element, as much as possible. However, the current proposal is as follows:

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| Pre-diabetes Register |  £ 0.49  |
| Prescribing |  £ 0.42  |
| Referral Variation |  £ 0.47  |
| Patient Experience |  £ 0.26  |
| Practice Audit |  £ 0.42  |
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This means each Practice could potentially achieve a total of £2.06 per patient on their list, subject to achieving the requirements of each element. The next step is to take the detailed scheme for comment to the Council of Members and the GP Development Group in May, with a view to rolling out by the end of May 2016.**The Committee agreed to*** **the total investment required for this scheme**
* **delegate authority to determine the final split of payment across the various elements to either the Deputy Chief Executive or Assistant Director Co-Commissioning**
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| **11.** | **Primary Medical Services Budgets for 2015/16**Julie Wilson presented a report summarising the financial position with regards to the funds identified as within the scope of primary care joint commissioning for NHS England, NHS North East Lincolnshire CCG and North East Lincolnshire Council for the period ended 31/03/16 and budget information for the financial year 2016-17.With regards to the outturn position which shows an underspend for NHS England and NELC and an overspend for NELCCG, the specifics are detailed in the table. Costs relating to Primary Care premises are the main reason for the overspend for the CCG. It was also noted that although it appears that the 2016/17 CCG budget has reduced significantly from the 2015/16, this is down to differences in what has been included within the 2 budgets and is attributable to the following:* The PMS premium reinvestment for 16/17 of £489k is currently still showing against NHS England’s budget as it is yet to transfer to the CCG (last year’s value is included in the CCG budget line for 2015/16)
* There was some additional non-recurrent funding in the 15/16 budget for the CCG contribution to the NEL Docks Project, which is not required for 16/17.

**The Committee received and noted the position.** |  |
| **12.** | **Primary Care Mental Health Nurse Service – Freshney Green**Julie Wilson gave a brief update on the current situation relating to the decommissioning of a Mental Health service delivered by Yarborough Clee Care Limited. Yarborough Clee Care have provided a low level counselling service since approximately 2007, which was agreed through a process called ‘Service Improvement Plans’ (SIPs). In 2014 a review was carried out of all SIPs to ensure that they reflected current commissioner requirements and current relevant guidelines. Following a period of discussion with the provider between 2014 and 2015, the CCG defined a new specification for the service and this was implemented from February 2015. However, Yarborough Clee Care had not provided the required reporting against the new specification and the CCG did not therefore have demonstration that the service was meeting those specific requirements. The CCG’s Care Contracting Committee therefore served 6 months’ notice on the current contract in November 2015. Yarborough Clee Care had informed the CCG that their service had evolved and was not what the CCG had specified in their current specification and contract. The CCG therefore gave the provider the opportunity to submit an alternative proposal for funding of their service; however this was not supported by the CCG on the basis that the services outlined in the proposal were already funded and provided elsewhere. Unfortunately the public message that was initially released was that the CCG’s decision was solely about funding The CCG is currently working with Yarborough Clee Care to support the transition of their patients to alternative services.**The Committee noted this update.**  |  |
| **13.** | **Dr Keshri closure CQC /NHS England**Heather Marsh presented a report which gave the background to the termination of NHS England’s contract with Dr Keshri and the steps that have been put in place to ensure that patients have re-registered with another practice. NHS England confirmed that they will continue to monitor the patients that have not yet re-registered and, with the support of the CCG, will make contact with other local organisations who may be seeing vulnerable patients to ask them to provide support by encouraging those patients to re-register. **The Committee noted the update.** |  |
| **14.** | **Merger Request for Roxton Practice and Drs Opie & Spalding (former Dr Jethwa)**Heather Marsh notified that NHS England has received a request from the Roxton practice at Immingham and Drs Opie and Spalding at Weelsby View Health Centre to merge their PMS contracts in May 2016. The PMS contract at Weelsby View was previously held by Dr Jethwa; he was joined in partnership by Drs Opie and Spalding (who are also partners at the Roxton Practice) in September 2015 and Dr Jethwa has subsequently resigned from the partnership.The practices have now completed full consultation with their patients and staff; a copy of their report was attached to the paper. This will also be submitted to the North East Lincolnshire Overview and Scrutiny Panel in June 2016.The LMC noted that they welcomed the merger as a step in the right direction and supported the request, but questioned why it was necessary to take it to the overview and scrutiny committee as it has not resulted in any significant change in service to the patients. Councillor Hyldon-King responded that it was helpful to have this reported to the Scrutiny Committee as this helped Councillors in getting the right messages across when they are asked questions about changes such as this. **The Committee noted the consultation report and approved the application to merge the practices contracts.** |  |
| **15.** | **Principles for use of PMS Reinvestment slippage** Julie Wilson updated that at a previous meeting members had agreed that the uncommitted PMS reinvestment funds could be used to support Practices in-year through transitional arrangements from old to new ways of commissioning enhanced services. The residual amount of uncommitted funding is circa £40k. To ensure that there is an understanding of the basis for accessing these funds, and clarity regarding how decisions will be made, a set of proposed principles were set out in the attached paper. It was also proposed that any slippage identified in year against the planned spend of PMS Reinvestment monies would be subject to the same principles.**The Committee considered and approved the principles for use of uncommitted PMS reinvestment monies and slippage/underspend against planned spend of PMS reinvestment monies.** |  |
| **16.** | **Temporary List Closure – Dr AP Kumar (6 months)**Heather Marsh presented this item for information only, as a decision had already been made to support a temporary list closure of Dr A P Kumar’s list by the CCG and NHS England Officers, in line with the scheme of delegation. Dr A P Kumar has agreed actions to take during this time to support the re-opening of the list and this links to the next agenda item. **Dr A P Kumar Branch Closure Report**Heather Marsh presented a report to the Committee outlining that NHS England have received two applications from Dr A P Kumar to close her branch surgeries located at Sandringham Road and Littlecoates Road. All services for patients would be relocated to the main surgery at Stirling Street Medical Centre, unless they choose to register elsewhere.The practicehas undertaken a consultation exercise and they are in the process of submitting their report to NHS England for consideration. This matter has also been flagged to the Health Scrutiny Committee for information.**The Committee noted this position and noted that a decision regarding the closures will be requested shortly.** |  |
| **17.** | **Temporary List Closure - Dr R Kumar (12 months)**Heather Marsh put forward a request received by NHS England for temporary list closure for 12 months at Dr R Kumar’s surgery at Cromwell Road. This is a Single handed GP currently having considerable difficulties managing 2,500 patients. NHS England will be working with the GP on a recovery plan, whilst also addressing various issues at that practice. Other practices and locums are supporting the practice at the moment.The Chair noted concerns raised by other Practices that the temporary list closure would increase the pressure on them. NHS England acknowledged that there is a need to have further discussions regarding temporary list closures and the plan for the future. Dr Elder shared that his own practice’s experience had been that it had not made a significant difference to them; the inability to take on new patients means that the list can go down and consequently so does the money that the practice receives. The LMC felt that there needs to be a set criteria for decisions on list closures to ensure equity. It was also noted that arrangements could be built in to any agreement that if the list drops below a certain amount of patients then it has to re-open again.**The Committee felt that there was not enough information in this paper to approve a list closure for 12 months.** **The Committee therefore agreed for the patient list to be temporarily closed for a period of three months requesting a review at the July meeting, once NHS England have been able to undertake further discussions with the practice.** | HM |
| **18.** | **Dr AP Kumar Branch Closure Report**This item was covered in the discussion around item 16. |  |
| **19.** | **Accessible Information and Translation Services** An update report was submitted from Lisa Hilder to the Committee on progress towards implementation in Primary care of the Accessible Information Standards and the approach to interpreting and translation services locally. **The Committee received and noted the update report.**  |  |
| **20.** | **PMS/APMS Uplift Report**Heather Marsh updated the Committee on the latest PMS/APMS recommendations as laid out in the attached report.**The Committee noted the uplift to APMS/PMS contracts in accordance with the recommendations of the DDRB** |  |
| **21.** | **Any Other Business** None Raised |  |
| **22.** | **Date & Time of Next meeting**Extra ordinary Meeting: June 2016Next scheduled Meeting: 28th July at 2.00PM Centre4 |  |