

**JOINT CO-COMMISSIONING COMMITTEE**

**TO BE HELD ON THURSDAY 21 JUNE 2016 3.00 – 5.00 PM**

**AT ATHENA BUILDING (MEETING ROOM 3)**

**PRESENT:**

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| Mark Webb | NELCCG Chair |
| Dr Thomas Maliyil | Chair of CoM, NEL CCG |
| Julie Wilson | Assistant Director Programme Delivery & Primary Care |
| Cathy Kennedy | Deputy Chief Executive/Chief Financial Officer |

Chris Clarke NHS England

**IN ATTENDANCE:**

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| Karen Stamp | PA to Executive Office, Note taker |
| Paul Glazebrook | Health Watch Representative |
| Jill Cunningham | Service Manager, NELCCG |

Chris Imrie Finance Student (shadowing Cathy Kennedy)

**APOLOGIES:**

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| Steve Pintus | | Director of Public Health, NELC | | |
| LMC Representative | | |  | |
| Cllr Jane Hyldon-King | | | Portfolio Holder for Health / Deputy Leader of the Council | |
| Dr David Elder | | | Representative for Vice Chair of CoM | |
| Julie Finch | | | NHS England | |
| Heather Marsh | | NHS England | | |
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|  | | **ITEM** | | | **Action** | |
| **1.** | | **Apologies**  As noted above | | |  | |
| **2.** | | **Declarations of Interest**   * Dr Thomas declared an interest in Item 5 - Biswas case, Raj Medical case and Littlefield Lane case. * Paul Glazebrook declared an interest in Item 5- Scartho Car park, as a patient. * Cathy Kennedy declared an interest in Item 5 – Care Homes IT Support | | |  | |
| **3.** | | **Minutes of the Previous Meeting**  The minutes were accepted as an accurate record. | | |  | |
| **4.** | | **Matters Arising**  Mark Webb informed that he had made some enquiries on the Superfast broadband and there is a project being run by North Lincolnshire broadband which is still live until 2019. Mark informed that the first step is to send names and addresses to see whether it is applicable then they will look at it to see whether available in those areas. It was noted that it must be an N3 connection BT.  It was agreed that Karen would check with Jackie France about sending details of every Primary Care Centre.  It was noted that a decision on the selection of the preferred bidder for the Ashwood surgery procurement would be taken as a chairs action. | | | Karen  Stamp | |
| **5.** | | **Proposed Prioritisation and Investment in Estates and Technology**  Julie Wilson gave a presentation as to the background of this process.  [Y:\NELCCG\Committees\Co-Commissioning Committee\2016-06-21\2016\_06\_21 - Co-Comm ETTF v1.pptx](file:///Y:\NELCCG\Committees\Co-Commissioning%20Committee\2016-06-21\2016_06_21%20-%20Co-Comm%20ETTF%20v1.pptx)  Members noted the 4 core criteria set out in the May 2016 guidance from NHS England, which apply to all bids including those that were agreed in principle by NHS England in 2015:   1. Improved access to effective care 2. Increased capacity for primary care services out of hospital 3. Commitment to a wider range of services as set out in the CCG’s commissioning intentions to reduce unplanned admissions to hospital 4. Increased training capacity   As agreed at the previous Co-Commissioning Committee, a sub group has met and assessed each bid against these criteria already. Practices had until 3rd June to submit bids and the assessment panel met on 8th June.  There were 12 bids in total. The Committee reviewed an A3 size printout of a summary of the bids, ranked in order of their score which was based on how well they had demonstrated they could meet the 4 core criteria. Members noted that only the CCG contribution costs are included, not the full costs of the bids.    **Roxton - extension to Pilgrim Primary Care Centre**  This related to an extension to create two further consulting rooms, and it had been rated by NHSE in 2015 as Category 3 – agreed in principle but deferred as further work required. NHS England have already progressed this as a company have recently done some work with Roxton to develop this further. It is highly likely that there will be no revenue costs, as they have had discussions with the Landlord that there will be no rent increases as the capital work will already be paid for by the NHS, which benefits the landlord.  It was agreed that all of the bids that are related to extensions to buildings should only benefit from either the capital costs or revenue costs, not both; either the Landlord funds the extension and the NHS pays additional rent or the NHS fund the extension with no rent increase.  Paul Glazebrook queried if the extension would improve the patient experience around access to GP appointments. After referencing the original bid document, it was clarified that it would.  **The Committee agreed the principle that for proposals relating to premises improvements the CCG should only fund either their contribution to the capital costs or the increased revenue consequences (whichever is the lower figure), not both. This is because the capital investment that is being made in the premises by the NHS provides benefit to the Landlord and we would therefore expect that there would not be any increase in rental costs payable to the Landlord.**  **The Committee supported the panel assessment and ranking for this scheme.**  **IT / Patient Partner – System-wide**  There were 3 parts to this bid: automated telephone access for 7 more practices (Patient Partner); upgrade to the SPA telephone system to bring the added benefit of enhanced communications with professionals and the public/patients across all parts of the system, including web chat, SMS messaging and email; and upgrade of the N3 network to superfast broadband.  It was noted that the panel had queried why the SPA were not exploring a procurement of a new telephone system, in order to be confident about value for money. The response had been that as this was an upgrade to an existing system, it would most likely be much more cost effective than an entirely new telephone system and the time and resource required for a procurement are not available this year. However, the Committee noted that the guidance set out further steps in the process – should this bid be selected by NHS England to be taken forward, there would be a period of due diligence, including development of a full business case, during which time VFM could be explored further.  **The Committee supported the panel assessment and ranking for this scheme. They agreed that the revenue costs may need to be picked up by the CCG if this cannot be resolved with the main providers involved in the SPA.**  **The Committee agreed to query whether the main providers within SPA could pick up the £6735 annual revenue costs for the phone system.**  **Beacon Medical - Ask my GP App**  Beacon has requested to trial the app as a pilot on behalf of the CCG, so that benefits could be explored prior to wider roll out. Concerns were raised by Committee members that the cost of this app per patient appeared very expensive; this would be quite limiting if rolled out for every patient across NEL. Dr Maliyil highlighted that whilst the App looks very good it does not directly link with EMIS or SystmOne, so would need admin support to input the details that are sent by email to the practice into the patient’s record.  **The Committee agreed that if the App Developers would allow a one year cost to CCG with no exit costs then a pilot would be approved. It was also agreed that if this bid is progressed by NHS England, the CCG would support the Practice in negotiations with the company providing the app to secure a better cost for wider roll out.**  **The Committee supported the panel assessment and ranking for this scheme.**  **Support to Care Homes**  Cathy had declared an interest in this item. This bid was in support of the CCG’s strategic service change to provide enhanced and co-ordinated support to residents within Care Homes and their staff. This scheme would enable access to the patient record in the Care Home both by visiting health professionals and the Care Home staff themselves. This would support integrated care by ensuring that all staff could access the information required regarding the individuals they are caring for.  It was noted that this appeared to be a very large amount of money for the IT support provision, just for one PC/laptop in each of the care homes. It was suggested that if this bid is progressed by NHS England, we should explore alternative IT support provision in order to ensure VFM. It was noted that as NHSE would be funding the technology costs they would own the assets (equipment).  **The Committee agreed that alternate quotes should be obtained if this scheme should be selected by NHS England for taking forward, but supported the panel assessment and ranking for the scheme.**  **Beacon Medical Premises**  This scheme is a development of premises to create more clinical space and an additional waiting area within Beacon Medical Centre, which would also function as a café / hub for accessing self-care and peer support. It was noted that the principle agreed regarding premises developments would apply.  **The Committee supported the panel assessment and ranking for the scheme.**  **Scartho Medical Equipment**  Julie informed the panel that a query had been raised with NHS England’s ETTF team to check whether medical equipment is covered by the fund. A response was still awaited, but if this confirms it is not covered then this bid, and the Littlefield Colposcopy Equipment bid which is covered later, would not be taken forward.  This related to two pieces of medical equipment which could support greater management of patients within the surgery, rather than having to refer to the hospital. Cathy noted that there could be revenue savings by investing in this scheme, as it could save on future hospital appointments. It was queried how the 24 hour ECG works and it was clarified that this is a portable machine that the patient would take home and wear the leads for 24 hours so that the heart rhythm can be recorded across a longer period of time.  Slit Lamp – This is used for more precise examinations of the eyes. The Committee queried whether other GPs and their patients registered within NEL would be able to access this rather than just Scartho patients. Julie clarified that the bid stated that the equipment would be kept in a room that would allow all of the Scartho GPs to be able to access it (not a room permanently occupied) and this suggested that others may be able to access it; this would need to be clarified should the bid be progressed by NHS England. It was noted that the Practice would have to fund any required additional training to support their GPs, as well as any professional mentor / training support by a hospital specialist if appropriate. Clarification that the hospital are willing to provide this support would be sought as part of the due diligence process should this bid be progressed.  **The Committee supported the panel assessment and ranking for the scheme, subject to confirmation as to whether the fund applies to medical equipment.**  **Birkwood**  This bid related to equipment to support video-conferencing facilities on 10 PCs within the Practice, to support e-consultation with patients. Following a discussion there was a query as to whether the e-consultations could be covered by Skype which is being supported by NHSMail2. Mark Webb also warned against buying docking stations as these can become obsolete if the laptops are updated and no longer have the same connection points.  **The Committee supported the assessment and ranking of this bid in principle, subject to clarification regarding the additional functionality of the equipment requested, over and above that available through NHSMail2. .**  **Raj Medical Centre Premises Development**  This related to the refurbishment of existing administrative space to convert it to clinical space within the Raj Medical Centre. The same principle agreed earlier in the meeting regarding contributions to premises costs would apply.  **The Committee supported the panel assessment and ranking for the scheme.**  **Scartho Car Park**  This related to the development of overflow car parking space for Scartho Medical Centre, which is within the neighbouring Rugby Club car park. This car park is not appropriately surfaced or marked, and it also provides access to the helipad for DPOW. The ability for Scartho Medical Centre to bring in a greater range of services, and use underutilised space in the Centre, is limited by their current car parking arrangements. The formalisation of the arrangements with the Rugby Club, and improvements to the car park, would support greater use and expansion of this Centre. The Committee were concerned about the governance arrangements and how the formal the agreement to use the car park would be secured with the Rugby Club. The panel had queried this with the Practice and the response had been that they would be looking to secure a formal agreement with the Rugby Club for at least 10 years.  **The Committee supported the panel assessment and ranking for the scheme.**  **Littlefield Surgery Colposcopy Equipment**  This scheme related to the replacement of medical equipment for the colposcopy service that Littlefield Surgery run. It was noted that the cost of an episode of care within this service is less than the equivalent within the hospital. This bid would maintain the current level of service, rather than expand it. It was suggested that the CCG could explore whether access to other practices could be made available, as the service is already offered to all patients within Freshney Green.  **The Committee supported the panel assessment and ranking for the scheme and also asked for clarification as to whether it could be offered out more widely across the NEL community.**  **Dr Sinha Extension to Laceby Surgery**  This related to an extension to Dr Sinha’s branch surgery at Laceby in order to create more clinical and admin space. The panel had noted that the lease for the premises had less than 5 years remaining and they had raised a query with Dr Sinha’s practice as to whether there were plans to extend this, and they had responded to confirm that they would be having these discussions with landlord if this scheme progresses. A discussion took place within the Committee regarding the fact that Dr Sinha is a single handed GP and whether the clinical capacity that is available would be sufficient to be able to use the additional clinical space. This would need to be confirmed before this scheme could progress.  **The Committee supported the panel assessment and ranking for the scheme subject to confirmation that clinical capacity requires the additional space and that there is no revenue consequences for the CCG.**  **Dr Biswas Practice Telephone Lines**  As Dr Thomas had declared an interest in this item it was agreed he would remain in the meeting but not take part in any of the discussion.  This related to the expansion of 2 telephone lines to 4 , as the Practice currently cannot have more than two people on the telephone at any one time. This has a detrimental effect on patient access, as well the ability of professionals to telephone patients with results, etc, or contact other professionals.    The panel had agreed this, but a query was subsequently put back to them via email as to whether this should be considered core . The committee felt that it should be supported because of the patient access issues.  **The Committee supported the panel assessment and ranking for the scheme**  Julie Wilson highlighted that there was a total of £107,000 of capital available within the CCG budget. The total costs for capital spend in 2016/17 would be £107,116.00, based on the current assessment and if all schemes progressed in one year. However, it was unlikely that schemes would be able to be progressed all in the same year. It was also noted that each year there would be £50,000 to spend on revenue costs. However, this year there was only £25,000 available  The bids would need to be progressed over a 2 to 3 year timeline for the CCG to be able to accommodate within the annual costs available. However, it did not appear that there would be the opportunity to specify this within the submission on the NHS England portal.  Julie updated on the next steps, which was that the CCG would submit recommendations, based on the agreement today, by 30th June 2016. The guidance explained that the bids would then be assessed by NHS England by the end of August 2016. Any bids that are selected to be progressed by NHS England would then require full business cases to be developed and would be subject to a period of due diligence before being formally agreed. The guidance had also acknowledged that some bids may be more fully developed than others, and this time would give the opportunity to fully explore any outstanding queries as part of this process, if necessary. The NHS England guidance states that CCGs would be able to confirm their commitment to schemes, and refine the costs, during the business case and due diligence process.  It was agreed that letters will be sent to inform the practices that the CCG has approved their scheme in principle and recommended them to NHS England. | | | **Julie Wilson** | |
| **6.** | | **Any Other Business**  None raised. | | |  | |
| **7.** | | **Date & Time of Next Meeting**    **2016 Dates for Your Diary:**  28th July 2016 14.00 – 16.00, Training Room 1 Centre 4  27th October 2016 14.00 – 16.00, Training Room 1 Centre 4 | | |  | |