NHS
North East Lincolnshire
Clinical Commissioning Group

MINUTES OF THE JOINT CO-COMMISSIONING COMMITTEE HELD ON TUESDAY 18TH OCTOBER 2016 3.00 - 5.00 PM AT CENTRE4, IN TRAINING ROOM 1

PRESENT:

Mark Webb	NELCCG Chair
Cathy Kennedy	Deputy Chief Executive/Chief Financial Officer
Heather Marsh	NHS England
Dr Thomas Maliyil	Chair of CoM, NEL CCG
Dr Derek Hopper	Vice Chair of CoM
Steve Pintus	Director of Public Health, NELC
Zena Robertson	NHS England

IN ATTENDANCE:

Karen Stamp	PA to Executive Office, Note taker
Paul Glazebrook	Health Watch Representative
Jill Cunningham	Service Manager, NELCCG
Julie Wilson	Assistant Director Programme Delivery & Primary Care
Dr Krishna Kasaraneni	Medical Director - LMC

APOLOGIES:

Deborah Turner	NHS England, Chief Nurse, North
Cllr Jane Hyldon-King	Portfolio Holder for Health / Deputy Leader of the Council

	ITEM	Action
1.	**APOLOGIES** Apologies were noted as above	
2.	**DECLARATIONS OF INTEREST** Dr Derek Hopper declared an interest in item 7 as a previous GP partner at Fieldhouse. Dr Thomas Maliyil declared an interest in item 8 as a partner within the NEL DOCKs Collaborative and Item 6 as a GP.	
3.	**MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION** The minutes were agreed as an accurate record. The Virtual Decisions Log was ratified.	
4.	**FULLY DELEGATED COMMISSIONING FROM APRIL 2017** The Committee received a report, which was taken as read, to provide updated information in supportof a discussion to reaffirm the CCG's decision to move to fully delegated commissioning of general practice services from April 2017. The process for CCGs to apply to take on the commissioning of general practice services from	

1st April 2017 has recently been published by NHS England. CCGs have until 5th December 2016 to submit their applications. The proforma embedded within the report contains further information.

The pros and cons of taking on fully delegated arrangements as an interim position pending the move towards the Accountable Care Partnership (ACP) were debated. It was noted that it would perhaps place the local area in a much better position to have a stronger grip on the issues prior to moving to ACP..

NHS England noted that whilst fully delegated commissioning is not a directive, it is strongly encouraged. It was also highlighted that the CCG could potentially be an outlier compared to other CCGs within the STP footprint if they do not move to fully delegated. The local NHS England team are developing roles which will be deployed to support the STP to deliver the GP Forward View. They will also be looking at how the existing core primary care team will deliver core functions and transactional work within the context of fully delegated arrangements. It was felt that there would be some difficulties if there were different processes across the patch. NHS England are working with those CCGs that are already fully delegated to look at what would sit in local teams and what would sit at scale; it was noted that this work is on-going.

Discussions took place around the current CCG financial position being a greater risk than it was a year ago when this decision was originally taken to move to fully delegated from April 2017. There are potential issues associated with managing the core contracts (e.g. practice being rated as inadequate by the CQC) both in terms of the amount of resource required, currently provided by NHS England, and the potential legal costs. Concerns were expressed that to some extent that support would be lost. NHS England clarified that for any individual performer issues NHS England would still retain the lead on this and provide some support, however the legal costs would sit with CCG. It was noted that there is no expectation of a transfer of funding to the CCG for this responsibility.

A question was raised as to whether the CCG could learn from the experience of the two CCGs within the STP who have already moved to fully delegated commissioning. It was noted that their local context is very different to ours and they do not have any significant problem areas, so it would be a different experience. A view was expressed that given the current concerns it may be more appropriate for the CCG to remain within their current arrangements.

The Chair summarised that a decision was taken a year ago, where it was agreed by the Partnership Board that the CCG would move to fully delegated commissioning by April 2017. To re-consider this position the CCG would need to go back to the Partnership Board. The Committee recommended that the CCG should seek further clarity from NHS England regarding the staff support available and any assistance with financial risks prior to being able to take on fully delegated arrangements from April 2017.

It was agreed that there needed to be a discussion between the CCG and NHS England within the next 2 weeks in order to have a clear response to the concerns. In the meantime, the CCG could draft the constitutional changes so that paperwork is ready in the event of a decision to continue with taking on fully delegated arrangements from April 2017. **ACTION:** Heather Marsh

The committee agreed that further discussions need to be had with NHS England and following those discussions a decision may need to be taken by the CCG Board not to take on fully delegated arrangements from April 2017. The committee noted the deadline of 5th December to make formal application.

5. REVISED CONFLICTS OF INTEREST

The Committee received information on amendments made to the Committee's terms of reference in the light of the recent NHS England Conflicts of Interest guidance, and were asked to approve these amendments.

The Committee were referred to appendix one (table 1 & 2) for the proposed changes and draft Terms of Reference can be found via the embedded files in the 'Appendices / attachments' section of this cover sheet.
The Committee approved the amendments.

6. GP FORWARD VIEW

Dr Maliyil had declared an interest in this item as a practising GP; he remained in the meeting and listened to the presentation and discussion that ensued. Julie Wilson gave a presentation to the Committee which outlined the key elements of the local GP Forward View Delivery Plan (copy attached). The following discussion points and issues were noted:

- It was suggested and agreed that an invitation is extended to other local primary care contractors, i.e. Ophthalmic, Pharmacy and Dental, to attend this meeting.
- It was queried whether the local authority plan for an increase in North East Lincolnshire residents and local housing was reflected in this plan. It was clarified that the figures included in the plan reflect the local public health team advice that there will be an increase of 0.6% in the resident population by 2021. NHS England figures for predicted increase in registered population also show a 0.6% increase by 2021.
- It was noted that further development of workforce modelling would be required and it is proposed that the CCG works with partners within the STP to develop this. However, it was noted that NEL CCG are ahead with this work.
- It was queried whether there was national work on modelling the impact of demographic data and burden of disease on general practice activity; this would be helpful, as all areas potentially have the same requirements for activity modelling. This will be discussed with NHS England the other CCGs within the STP.
- The suggestion of having a training and education bursary for newly trained GPs was queried, in relation to how it would encourage trainees to stay. It was clarified that the proposal would be for the bursary to be claimed back if trainees leave employment within NEL within the first 2 years.
- In relation to mandatory training courses for clinical staff, a key issue was highlighted that the NHS England courses are not currently frequent enough and prevent clinical staff from commencing duties in a timely manner. It was noted that the CCG GPFV plan includes some non-recurrent money to support local training to help tackle this issue.
- A suggestion was made that the work between Care Plus Group and the Grimsby Institute on developing a local nurse training degree ("Grow your own" arrangements) should be added in within the workforce section. **ACTION: Julie Wilson**
- It was noted that the national GP Forward View has a strong emphasis on collaborative working between Practices to support resilience and sustainability, and much of the national GPFV funding aligns with this. The local plan reflects the vision for collaborative working between practices, across population sizes of roughly 30,000 to 50,000.
- The requirements for extended access were outlined. There is additional national recurrent funding available for this from 2018/19 but the CCG would not receive that funding without a plan to deliver the national requirements. A question was raised as to how the plan will tackle non-urgent appointments and it was clarified that the national requirements include pre-bookable / routine appointments, with patients being offered equal access to in hours and extended hours slots at the point of booking. There will be a requirement for practices to work together within federations to improve access; ideally a patient will see their usual named GP but could be offered an appointment with another clinician within the federation during extended opening hours. The CCG plan is to channel the extended access funding through the groupings of practices covering roughly 30,000 to 50,000 population but those groups/federations will have the flexibility to determine and adjust the model

by demand (e.g. groups could join together to deliver the access requirements).

The committee supported the submission of the final draft plan on 21st October and thanked the staff in the primary care team for all their hard work. A thank you was also extended to Primary Care for engaging in the development of the draft plan.

7. FRESHNEY GREEN LIST CLOSURE UPDATES

Dr Hopper had declared an interest in this item as a GP who previously practiced at Fieldhouse Medical Centre and was therefore excluded from any decision making. At the last Joint Co-Commissioning Committee, there was agreement that the 3 practices within Freshney Green Primary Care Centre (Littlefield, Woodford & Fieldhouse) would operate temporarily closed lists until 2nd December 2016. It was agreed that NHS England and the CCG would work with these practices to support them with finding a longer term solution and to develop a co-ordinated plan of action across the practices. NHS England and the CCG met with all three practices on 31 August 2016 to discuss the issues and agree a way forward; the action plan within the report was noted.

It was noted that the ability to recruit GPs is the biggest issue within the Fieldhouse and Woodford Practices.

NHS England has now become aware that all 3 practices wish to retain closed lists beyond the 2nd December 2016 deadline. Fieldhouse practice has submitted a formal request to NHS England to extend the period of their temporary closed list for a further six months, and other formal requests are expected. The actions listed by Fieldhouse include continuing to try and recruit into their vacancies; attempts to recruit have not been successful to date. NHS England highlighted that the practices are engaging and there is a risk that if one list is re-opened the others will become more vulnerable. NHS E confirmed that they would continue to work with them during the period.

Concerns were noted regarding the fact that closing lists does not create capacity, and that other practices face the same pressures but retain open lists. It was suggested that support should be provided to practices prior to list closures being required.

Discussion took place regarding the need for absolute clarity about the actions to be taken and the expected difference by the end of the extended temporary list closure, if agreed. It was noted that NHS England are working much more closely with all 3 practices together than has been the case previously. The LMC noted that it may be difficult for those practices to cope with winter demand, as well as deliver against their action plans.

NHS England also added that they are trying to do something collectively across the Humber Coast and Vale STP area to develop a package to support all local practices.

The Committee agreed to an extension of a further 3 months list closure, but only with a very clear expectation regarding the actions that will enable the practices to re-open and a clear explanation of progress against the action plan in 3 months' time. The Committee would also like to see other actions being taken in the form of a whole system review.

8. NEL DOCKS COLLABORATIVE

The Committee noted this report for Information.

9. PRIMARY MEDICAL SERVICES BUDGET SUMMARY

The Committee noted this report for Information.

10. ANNUAL APPRAISAL REPORT

	The Committee noted this report for information.	
11.	**NATIONAL SURVEY**	
	The Committee noted this report for information.	
12.	**ANY OTHER BUSINESS**	
	It was noted that the CCG had just been made aware of a national report published by the CQC which named 'Weelsby View Health Centre' as a practice that had been rated 'Requires Improvement'. This was brought to the CCG's attention following an enquiry by the Grimsby Telegraph and prior to this there had been no contact between CQC and the CCG or NHS England. It had since been identified that it was actually Dr Babu's practice at Weelsby View. It was also noted that there were no major issues or concerns that either the CCG or NHS England were aware of regarding this Practice, prior to the CQC rating being issued.	
	The Committee agreed that the lack of communication prior to the report being published was unhelpful and the Chair agreed to draft a letter from the CCG to CQC highlighting concerns regarding this. ACTION: Mark Webb	**MW**