

**MINUTES OF THE JOINT CO-COMMISSIONING COMMITTEE**  
**HELD ON Tuesday 11<sup>th</sup> July 2017 2.00pm to 4.30pm**  
**AT CENTRE4, IN TRAINING ROOM 1**

**PRESENT:**

Mark Webb	NELCCG Chair
Laura Whitton	Interim Chief Finance Officer NELCCG
Dr Maliyil	Chair of CoM, NELCCG (Joined the meeting at Item 5)
Cllr Jane Hyldon-King	Portfolio Holder for Health, Wellbeing and Culture
Dr Derek Hopper	Vice Chair of CoM
Rachel Singyard	Service Manager NELCCG
Sarah Dawson	Service Project Lead NELCCG
Geoff Day	NHS England
Erica Ellerington	NHS England

**IN ATTENDANCE:**

Helen Askham PA to Executive Office, Note taker

**APOLOGIES:**

Zena Robertson	NHS England
Steve Pintus	Director of Public Health, NELC
Saskia Roberts	Medical Director – Humberside Group of LMC's
Julie Wilson	Assistant Director Programme Delivery & Primary Care NELCCG
Paul Glazebrook	Health Watch Representative

<u>Ed</u>	<u>ITEM</u>	<u>Action</u>
1.	<p><b>APOLOGIES</b>  Apologies were noted as detailed above.</p>	
2.	<p><b>DECLARATIONS OF INTEREST</b>  The Chair reminded members that if at any point during the meeting they note a conflict of interest this needs to be declared and members should ensure that this is listed on their declaration of interest form.</p> <p>Dr Maliyil declared an interest in Item 06 – Dr Maliyil is a Director of Core Care Links. Dr Maliyil stayed in the meeting, but did not comment.  Dr Maliyil expressed a conflict of interest in Item 08 as he is a GP at a local practice. Dr Maliyil stayed in the meeting, but did not comment.  Mark Webb declared an interest in Item 10 as he is a patient at this practice, Mark Webb stayed in the meeting, but did not comment.  Dr Thomas declared an interest in Item 10 as he is a patient at this practice, Dr Maliyil stayed in the meeting, but did not comment.  Cllr Hyldon-King declared an interest in Item 12 as she is a patient at this practice, Cllr Hyldon-King stayed in the meeting, but did not comment.</p>	
3.	<p><b>MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION</b>  The minutes of the meeting held on the 4<sup>th</sup> April 2017 were agreed as an accurate record.</p> <p>A virtual decision was taken regarding Birkwood Practice temporary list closure agreement, which will be discussed as part of agenda item 10.</p>	

#### 4. **MATTERS ARISING**

All matters arising were included within the main agenda items.

#### **GOVERNANCE**

No items under this heading

#### **STRATEGY**

#### 5. **GP FORWARD VIEW DELIVERY PLAN UPDATE**

##### **5. i. Non-recurrent Federation development monies**

The paper submitted to the meeting was taken as read. The paper has been circulated to the GP Federations, as at the time of the meeting two have signed up, and Julie Wilson will be meeting with the third Federation shortly to discuss some minor concerns that will hopefully be resolved quickly.

##### **ii. Nurse & HCA Training**

Monies have been set aside for local training for Practice Nurses and HCAs, and will take place at the GP protected learning sessions. Dr Elston is establishing a competency framework for HCA's to try and provide consistency of their work across the NEL area.

##### **iii. Care Navigation**

Receptionist staff at practices will receive training in order for them to be able to sign post patients to the most appropriate point of care. Training is being organised across the STP, but will be delivered locally.

##### **iv Correspondence Management**

A second tranche of training is taking place amongst practice staff, in order for them to undertake correspondence management to support the workloads of GPs. Practices who have successfully undertaken correspondence management are training staff from other practices, with a view to implementing, which in turn will hopefully have a positive impact on workloads.

##### **v International Recruitment Update**

The bid submitted across the STP (5 CCGs) has been approved by NHS England. The next step is for NHS England and the CCGs to meet with potential recruitment agencies to select a provider who they will work with to roll out this ambitious project. The aim is to recruit 65 GP's across the 5 CCG's in the STP, with 11 GPs for the NEL area.

##### **vi GP Improvement Support**

A paper has been submitted for information later on the agenda. The CCG will continue to review the areas where further development support is required using the 10 high impact areas identified by NHS England.

##### **vii GP Resilience funding 2017/18**

An email has been circulated to Practices regarding the funding available for 2017/18. The LMC have offered support to practices to produce their bids, and it was noted there is a very short turnaround for the bids to be submitted to the NHS England panel. The CCG will review bids next week and liaise with practices as necessary.

#### 6. **EXTENDED ACCESS PLANS**

*Dr Maliyil declared an interest – Dr Maliyil is a Director of Core Care Links. Dr Maliyil stayed in the meeting, but did not comment.*

The paper submitted for the meeting was taken as read.

The report has been prepared to update the Committee regarding the timeline and process for developing local arrangements for extended access to general practice.

The CCG have consulted with Practices across the Federation's in shaping the outline plan. The procurement process is being discussed at the next Care Contracting Committee meeting. Expressions of Interest (with a deadline of September) will be

sent to the Federations to ask which Practices want to be included in this year's plan. NEL CCG's GP Forward View delivery plan included an expectation of 50% coverage of extended access by March 2018.

NHS England confirmed a new national Director is in place, and re-iterated NHS England's priority for extended access. Geoff Day questioned the approach taken, and asked if the CCG should be considering an overview of what cover is required, and then have the discussion with Practices to put in place the cover required. This approach uses extended access to deliver transformation plans, rather than considering Practices in the first instance. An example was provided of one region where patients call one number and care is managed from that one particular point of contact.

Dr Hopper asked if any of the Practices had reviewed the financial arrangements to see if what is being asked is financially viable to deliver. Sarah Dawson responded that none of the Practices had come forward to say the current spec was not achievable. It was re-iterated that the proposals should be viewed as a system response, and not just about patients seeing GP's, but rather ensuring pathways are established to Pharmacists, Social Prescribing etc. when managing patient needs.

The Chair requested for the CCG to review the approach taken, taking into consideration comments suggested by NHS England.

SD

**The Committee noted the timeline and process for developing local arrangements for extended access to general practice, and commented and provided feedback.**

**Action: SD to review the approach taken, taking into consideration comments suggested by NHS England.**

## 7. FULLY DELEGATED COMMISSIONING OF GENERAL PRACTICE SERVICES

A discussion was had regarding if the CCG should become fully delegated from 2018/19. The benefits were outlined as:

- The CCG would make their own decisions regarding commissioning, NHS England would only comment if decisions did not fit in with the guidance.
- Delegation does not mean responsibility for the GP performers list or individual performers performance concerns – this would remain with NHS England,

The negative aspects were outlined as:

- The CCG being responsible for ongoing legal costs that occur following delegation.
- The CCG potentially being responsible for management of property (although the CCG would not become responsible for maintenance etc.)

Currently the CCG is at Level 2, not fully delegated. NHS England's are encouraging e CCG's to take delegated responsibility and confirmed that support would continue following full delegation. NHS England would act as an advisory role on the Primary Care Commissioning Committee.

Laura Whitton agreed to review financial decisions made over the last few years, and how being fully delegated would have made an impact. It was felt that it would also be helpful to have a discussion with Dave Moore from the NHS England finance team. The Chair asked for a paper to be brought back to the October meeting, where a recommendation would be made to go to the Council of Members meeting.

LW

**Action: LW to review and assess potential impact of being fully delegated.**

## QUALITY

### 8. PROPOSAL FOR REPLACEMENT OF LOCAL QUALITY SCHEME

*Dr Maliyil expressed a conflict of interest as he is a GP at a local practice. Dr Maliyil stayed in the meeting, but did not comment.*

A paper was presented to the Committee to seek approval to a revised approach to the Local Quality Scheme for General Practice. The latest draft reflects further refinement to the proposal following feedback from the GP Development Group.

**The Joint Co-Commissioning Committee approved the Local Quality Scheme.**

**9. DEMENTIA SHARED CARE AGREEMENTS**

A verbal update was provided regarding the Dementia Shared Care agreements.

In November 2016 a new local scheme for initiation of medication for new Dementia patients was introduced but very few practices signed up to the service.

The CCG have since worked closely with NAViGO and for a revised pathway to be developed for NAViGO to discharge patients that are stable on medication to Primary Care and for GP Practices to carry out the annual review. Practices will have support from NAViGO to discuss any issues or individual patients prior to them being returned to Primary Care. GP's have requested that communication is clear with the family, and with the practices before the patient discharge process occurs. The CCG are confident communication systems are in place, and do not foresee significant concerns with these arrangements. Following the revised service specification being issued, 10 practices have signed up. Discussions will follow with the GP Federations should not all practices sign up. Further updates will be provided as required.

**The Committee noted the updated provided regarding Dementia Shared Care agreements.**

**10. BIRKWOOD PRACTICE TEMPORARY LIST CLOSURE AGREEMENT**

*Mark Webb declared an interest in Item 10 as he is a patient at this practice, Mark Webb stayed in the meeting, but did not comment.*

*Dr Thomas declared an interest in Item 10 as he is a patient at this practice, Dr Thomas stayed in the meeting, but did not comment.*

The paper submitted for the meeting was taken as read.

A virtual decision had been taken by the relevant officers within NHS England and the CCG to temporarily close the list for 6 months.

Following the merger, the workload for the clinicians has increased significantly. A meeting had taken place with the Practice, NHS England and the CCG to discuss the list closure. Areas stated that could be considered to relieve the pressure were; reducing the practice boundary; working with the Panacea Grouping to possibly share back office functions; and considering submitting a Clinical Pharmacist bid across the federation.

The Committee discussed the potential impact of other practices in the area when list closures are put in place, and raised concerns regarding extending list closures for longer periods of time. The Chair asked if a NEL CCG view on list closures was required. It was agreed that as there is a NHS Policy already in place, the impact upon other practices would be taken into consideration more and a view/response from the GP Federations would be requested as part any future reports regarding a request for list closure.

**The Committee noted the decision made by officers within the NHS England and the CCG in accordance with the scheme of delegation.**

**Action: It was agreed that as there is a NHS Policy already in place, the impact upon other practices would be taken into consideration more and a view/response from the GP Federations would be requested as part any future reports regarding a request for list closure.**

**11. DR DIJOUX & PARTNER CONTRACT VARIATION**

The paper submitted for the meeting was taken as read.

NHSE/  
CCG

NHS England have received a request from Dr Dijoux's Practice to vary their PMS contract to include Dr Cantin as a GP Partner and change the name to the Lynton Practice.

**The Committee approved the recommendation.**

**12. LITTLEFIELD SURGERY BOUNDARY CHANGE**

*Cllr Hyldon-King declared an interest in Item 12 as she is a patient at this practice, Cllr Hyldon-King stayed in the meeting, but did not comment.*

The paper submitted for the meeting was taken as read.

The Committee agreed with the change of boundary and agreed it to be a sensible decision to make in order for patients in the local vicinity to be able to access the surgery and register as a new patient.

**The Committee approved the recommendation.**

**INFORMATION**

**13. PRIMARY MEDICAL SERVICES BUDGET SUMMARY**

The paper was noted by the Committee.

**14. ACTION SUMMARY SHEET GP DEVELOPMENT**

The action summary sheet for the GP Development Group was provided for information and noted by the Committee.

**15. UPDATE ON GENERAL PRACTICE IMPROVEMENT PROGRAMME**

The paper was noted by the Committee.

**16. LOCUM COVER FOR SICKNESS – NEW GUIDANCE**

The paper was noted by the Committee.

**17. ESTATES AND TECHNOLOGY TRANSFORMATION FUND (ETTF) UPDATE**

The paper was noted by the Committee.

**18. CLINICAL WASTE CONTRACT UPDATE**

The paper was noted by the Committee.

**19. DISPENSING SERVICE QUALITY SCHEME UPDATE**

The paper was noted by the Committee.

**20. AOB**

No further items discussed.

**DATE AND TIME OF NEXT MEETING**

**3<sup>rd</sup> October 2017, 2.00pm – 4.00pm, Training Room 1, Centre4**