

**JOINT CO-COMMISSIONING COMMITTEE**

**TO BE HELD ON THURSDAY 28th JULY 2016 2.00 - 4.00 PM AT CENTRE4, IN TRAINING ROOM 1**

**PRESENT:**

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| Dr David Elder | Deputy For Dr Thomas Maliyil, NEL CCG |
| Cathy Kennedy | Deputy Chief Executive/Chief Financial Officer |

Heather Marsh NHS England

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| Cllr Jane Hyldon-King | Portfolio Holder for Health / Deputy Leader of the Council |

**IN ATTENDANCE:**

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

Joanne Drewery Docks Collaborative Representative

Dr Arun Nayyar Docks Collaborative Representative

Natalie Andrews Mollnycke Healthcare

Claire Stocks NEL CCG Assurance Officer

**APOLOGIES:**

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| Steve Pintus | | Director of Public Health, NELC | | |
| Mark Webb | | NELCCG Chair | | |
| LMC Representative | |  | |
| Deborah Turner | | NHS England, Chief Nurse, North | |
| Julie Wilson | Assistant Director Programme Delivery & Primary Care | |
| Dr Thomas Maliyil | Chair of CoM, NEL CCG | |

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|  | **ITEM** | **Action** |
| **1** | **Apologies**  As noted above  It was agreed that in the absence of the meeting chair and vice chair, Cathy Kennedy should chair the meeting. |  |
| **2** | **Declarations of Interest**  Cllr Hyldon-King is a registered patient at the Littlefield Practice (Item 12)  Dr Elder is also a registered patient at Littlefield Practice (Item 12) |  |
| **3** | **Minutes of the Previous Meeting / Action Summary Sheet**  The Minutes of the previous meeting were agreed as an accurate record and the Action Updates were noted. |  |
| **4** | **Matters Arising:**   * **7 day Working** Members were informed that it was too early to take a view regarding any further roll out yet, so no decisions will be taken today and the money will not be fully used in this financial year.   **Fully Delegated Commissioning of Primary Care**  Members were reminded that the decision taken last year was to stay in co-commissioning and look towards fully delegated in April 2017. It was proposed that this decision should be revisited in the light of latest information and planned system developments such as Accountable Care.  **The Committee agreed this will be added to the next meetings agenda for a decision from April 2017.** | **KS - Agenda** |
| **5** | **Revised conflicts of interest guidance for CCGs – for information**  In June 2016, NHS England published the revised statutory guidance on managing conflicts of interest for CCGs. The guidance has now been issued. Heather informed that as conflicts of interest are inevitable in commissioning it is how we manage them that matters. The guidance includes a number of strengthened safeguards to mitigate the risk of real and perceived conflicts of interest arising in CCGs. It was noted that the key changes in the revised guidance, were agreed following a public consultation.  It was noted that the CCG is already reviewing its policy and this committees terms of reference to ensure compliance with this new guidance.  **The Committee noted the new guidance to deal with conflicts of interest and agreed that the impact for this committee should be presented at next meeting.** | **KS - Agenda** |
| **6** | **Virtual Decision Log (May – July)**  **The Committee noted that a virtual decision had been taken and approved regarding the contract variation for Dr Kumar.** |  |
| **7** | **NEL Docks Collaborative – Update**  Joanne Drewery and Dr Arun Nayyar from the Docks Collaborative presented the report to the meeting. The report highlighted the project overview, progress to date,  how the service is accessed, activity & KPIS, consultation and engagement, challenges and next steps.  The following key points were highlighted.  The main objective of this pilot was to improve access to Primary Care, by working together, using technology to its full potential and sharing resources so that this would improve access without everyone having to work 7 days a week. There have been a number of issues amalgamating the clinical systems but these are being ironed out as the project continues.  There has been a phased introduction by each practice implementing the patient telephone triage whereby from 5pm every weekday it moves to a pooled resource up to 8pm and then 8am - 12noon on a Saturday and Sunday. It was highlighted that the technology allows the GPs to do this triage by telephone from their own home so they do not have to be sat in a surgery.  It was noted that this is an automated telephone service, and many patients do not like it, as callers have to sit through quite a few options. It was also felt that some patients are finding it confusing about where they should go, so the Docks collaborative have had to do more work around communication of this new service.  This pilot was due to be complete by September, however since the pilot begun it was felt that it has not had enough patients through to produce enough figures for analysis. The Docks Collaborative have met with NHS England and further funding has been secured to extend the project for another 12 month period.  The next steps are that the project group propose to bring a further update to this committee in October when more data relating to the performance and service user satisfaction will be available.  **The Committee noted this update and will receive a further update in October. Action: Agenda** | **KS - Agenda** |
| **8** | **Transformational Fund Update from NHS England – for information**  Members were reminded by Cathy that the bids from NEL CCG practices for this funding had been previously discussed and agreed by the committee.  Heather updated that the applications are now in the process of being evaluated to highlight any bids that stand out not as not meeting the core criteria, and the applications will then be sent to region for further due diligence across the patch to ensure the process is equitable. It should be clear by mid August which bids will be put forward for the next level of due diligence, prioritising them and deliverability of them. It was noted that CCG leads may get contacted for further requests for information, and also that the scheme was over-subscribed significantly against the money that is available.  **The committee received and noted the update on the Transformational Fund.** |  |
| **9** | **GP Forward View**  The Committee received this paper so that members are aware of the key commitments, the current local position against those and some early recommendations/actions for further development. The Committee was asked to support the work with other bodies to further develop local primary care strategy, and to agree more flexible use of resources allocated for overseas recruitment.  The paper had already been discussed at the GP Development Group, at which there was general agreement that we should move forward and develop local strategy and plans in line with the GP Forward View, acknowledging that there are a number of areas where further national guidance is awaited. It was agreed to identify a GP champion (volunteer) for workforce, workload, infrastructure and care redesign; two have been identified so far, one for workforce and one for care redesign.  Concerns about workforce recruitment, especially of GPs, were discussed. Cllr Hyldon-king commented that the GP recruitment scheme with the Dutch medical students was a brilliant initiative. As the number of GP placements is greater than GP students North East Lincs are trying to capitalise on the opportunity to attract the students to come to live and work here, acknowledge that we are competing with cities and being geographically remote, and the fact that we also do not have a local teaching hospital. Students have a big choice of where to go but when we do get people locally they do tend to stay.  A query was raised regarding the £2.4 million and how that money would be shared. Cathy stated that this was not yet known , but expected it would mostly be by a bidding process, rather than being handed to CCGs as an allocation on a ‘fair shares’ basis.  Dr Elder raised concerns about who is looking out for the smaller individual practices who are not part of LINKs and not getting GP trainees and the impact this has. It was highlighted that students have a choice where to work at the end of their training and if they have undertaken training with a practice and there is a vacancy at that practice it is highly likely that they will want to work at that practice. Heather advised that the smaller individual practices need to look at how the practice can become more attractive, to affect the recruitment choices of individuals or create posts with other practices who do have the students. The example of the Dutch GPs was also given as they have to go to a training practice to complete the studies and be supported.  Cathy highlighted that the CCG is very clear where the pressures are on practices and that GPs are in short supply. It was agreed that this could helpfully be picked up as part of the agenda at a primary care workshop already planned for September.    **The Committee agreed the proposed approach to the 5 Year Forward View, and that workforce was the most significant priority area for local services.** | **JC** |
| **10** | **Update on Enhanced Services and PMS Reinvestment**  This report was provided to update the Committee on progress against the agreed actions regarding the use of PMS reinvestment monies and the progress against agreed actions for the review of Local Enhanced Services. Jane Hyldon-king declared an interest due to her involvement in the Dementia working group.  It was noted that the Phlebotomy enhanced service was close to 100% sign up  The slippage on PMS reinvestment for 7 day working was noted, and it was agreed that workforce initiatives should be the priority for use of any non-recurrent funds available from the primary care budgets.  **The Committee noted the update.** |  |
| **11** | **Local Quality Scheme – for information**  The final version of the Local Quality Scheme was circulated to members for information as the Committee has previously approved the key components and the required investment in this scheme.  **The Committee approved the Local Quality Scheme.** |  |
| **12** | **Littlefield Temporary List Closure Extension**  Dr Elder & Cllr Hyldon-King both declared an interest in this item as registered patients at the practice, and did not participate in the committee decision.  Members noted that Littlefield had applied to extend their list closure for a further 6 months. Heather went through the paper and the reasons they felt this was necessary. Heather had concerns about the level of robustness for the future and felt that they should be encouraged to look at some additional initiatives.  It was felt that NHSE and the CCG need to do a piece of work with this practice supporting them with finding a longer term solution.  Cathy highlighted that this practice is the lowest total resource user in this area by a long way and they are only oversubscribed by 70 patients. They manage their list and patients in a different manner with an open appointment system, whilst maintaining this resource use. They also achieve well against the quality markers and patient satisfaction.  Concerns were raised about patients moving into the new housing development and seeing the Freshney Green PCC on their doorstep but being turned away from all three practices located within it due to their closed lists. Whilst it was agreed that patients would prefer to register at a practice on their doorstep there is in fact other practices taking on within one mile that cover that area. Heather updated that until very recently we have not had practices closing their lists in North East Lincs and this reflects the pressures on those practices.  It was agreed that Heather (NHSE) and Jill (CCG) would work with this practice alongside the other two practices at Freshney Green which also have closed lists, to have a co-ordinated plan of action across the practices that would align an end for the three practices list closures by December 2016.  **The Committee agreed for all 3 practices within Freshney Green (Littlefield, Woodford & Fieldhouse) to have closed lists until end of November. An update on progress to be brought to the next meeting, with a view to having all 3 lists open by December 2016.** | **HM/JC**  **KS – Agenda** |
| **13** | **Woodford Temporary List Closure Request**  Woodford Medical have now submitted a request for a 12 month application. This practice is in a similar position to Littlefield with 1900 patients per WTE GP.  They are now linked in with the clinical pharmacy scheme but feel they need more time for that to embed to see changes.  It was felt that NHSE and the CCG need to do a piece of work with this practice too, as agreed for Littlefield in the previous item, working with the practice manager to put together a piece of OD work.  It was agreed that Heather (NHSE) and Jill (CCG) would work on this to align an end for list closure, with action plans for Freshney Green practice lists to be open by December.  **The Committee agreed for all 3 practices within Freshney Green (Littlefield, Woodford & Fieldhouse) to have closed lists until end of November. An update on progress to be brought to the next meeting , with a view to having all 3 lists open by December.** | **HM / JC**  **HM**  **KS – Agenda** |
| **14** | **Review of Temporary List Closure - Dr R Kumar (12 months)**  **The Committee noted this paper.** |  |
| **15** | **Finance Update**  This item was brought for information, noting that there are no major issues to pick up at this time. No questions were raised.  **The Committee noted this update.** |  |
| **16** | **Any Other Business**  None raised. |  |
| **17** | **Date & Time of next meeting** |  |