

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON TUESDAY 28th MAY 2019 11am to 1pm
AT CENTRE4, IN TRAINING ROOM 1**

PART A

Present:

Voting Members:

Laura Whitton	NELCCG Chief Finance Officer
Phillip Bond	Deputy Chair, PPI member of Governing body
John Berry	NELCCG (Quality Assurance representing Jan Haxby)
Dr Ekta Elston	NELCCG Medical Director

Non-Voting Members:

Saskia Roberts	Medical Director, Humberside LMCs
Tracy Slattery	Delivery Manager, Healthwatch North East Lincolnshire
Stephen Pintus	Director of Health and Wellbeing

In Attendance:

Helen Askham	NELCCG PA to Exec Office
Jo Horsfall	NELCCG Finance Support Officer
Julie Wilson	Assistant Director, Programme Delivery & Primary Care, NELCCG
Chris Clarke	NHS England representative
Rachel Barrowcliff	NELCCG Service Manager, Service Planning and Redesign

	<u>ITEM</u>	<u>Action</u>						
1.	<p>APOLOGIES FOR ABSENCE</p> <p>Voting Members: Mark Webb (Philip Bond - Chair) Jan Haxby (John Berry representing) Cllr Cracknell</p> <p>Non-voting members: Sarah Dawson</p>							
2.	<p>DECLARATIONS OF INTEREST</p> <p>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> <table border="1" data-bbox="316 1693 1206 1964"> <thead> <tr> <th>Name</th> <th>Agenda number</th> <th>Nature of Interest and Action Taken</th> </tr> </thead> <tbody> <tr> <td>Dr Elston</td> <td>7</td> <td>Local GP partner, potentially affected by any decision taken regarding PCN's. Dr Elston stayed in the meeting but did not comment on the agenda item.</td> </tr> </tbody> </table>	Name	Agenda number	Nature of Interest and Action Taken	Dr Elston	7	Local GP partner, potentially affected by any decision taken regarding PCN's. Dr Elston stayed in the meeting but did not comment on the agenda item.	
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3.	<p>MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 26th MARCH</p> <p>The minutes of the meeting held on the 26th March 2019 were agreed as a true and accurate record.</p>	
4.	<p>MATTERS ARISING AND ACTION LOG</p> <p>The Action log circulated for the meeting was taken as read.</p> <p>The Committee were informed that the Primary Care Strategy has been signed off and is available to the public on the website.</p>	
GOVERNANCE		
5.	<p>DELEGATED COMMISSIONING AUDIT FINAL REPORT AND ACTION PLAN</p> <p>As previously reported to the Committee, in line with NHS England requirements, an audit of delegated commissioning arrangements was undertaken during 2018/19. The final report was provided to the Committee.</p> <p>The audit concluded that there was substantial assurance, and noted the three recommendations as:</p> <ul style="list-style-type: none"> • Greater clarity between CCG and NHS England in relation to allocation of tasks - <i>The CCG are working with NHS England to produce a document which will provide greater clarity.</i> • Process to be agreed for managing instances of immediate disruption to services – <i>a final draft will be provided by the 31st May 2019.</i> • GP provider development group terms of reference require updating - <i>This has been completed.</i> <p>Resolved</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Committee members noted the final audit report.</p> </div>	
STRATEGY		
6.	<p>PRIMARY CARE STRATEGY UPDATE</p> <p>a. Primary Care Strategy; Implementation Plans</p> <p>Julie Wilson updated the Committee that the team were focusing on working through every aspect of the Strategy, noting the actions required. Updates will be reported to this Committee to provide assurance that key milestones are being achieved.</p> <p>The Committee noted that a critical milestone to achieve is the development of the PCNs, which is a key milestone for Quarter 1.</p> <p>It was agreed that the plan and an update of achievements against milestones will be reported at the next meeting.</p> <p>b. General Practice Transformation Initiatives Update</p> <p>Rachel Barrowcliff presented to the Committee a presentation regarding the Primary Care Strategy: General Practice Transformation and Initiatives Update.</p>	JW

The presentation provided an update regarding International GP Recruitment; noting that 8 GPs attended the most recent taster weekend and are now engaged and involved in the process. An evaluation process is underway following their recent visit.

Practices are currently being encouraged to provide online consultations. North East Lincolnshire will have 77% coverage of the population by September 2019, based on the number of practices currently indicating that they will sign up. The CCG are working with the STP on introducing a clinical code in the practice's clinical system to link incoming consultations to episodes of care, with a view to measuring impact. The next phase of engagement will be with Care homes, to illustrate to care homes the benefit of using the system. The Committee considered the potential impact on A&E, and the expectation is that fewer people will go to A&E from care homes if they have easier access to primary care and receive a more timely response.

The Committee noted that 121 Care navigators are now trained. The CCG are asking how those who have been trained are putting what has been learnt in to practice. Impacts noted by practices are that time on administration has been saved; GP appointments are being saved for more complex patients; staff feel more knowledgeable about local services; and pressure is being taken off the reception / admin staff.

A discussion took place about how the additional hours saved are being utilised. Dr Elston commented that the positive impact is on GP's workload and the freeing of appointments. GPs have more time for important paperwork to be completed, which would previously have been done during evenings and at weekends. This has a direct impact on work/life balance and will have a positive impact to attract GPs to the area.

The Committee noted how difficult it is to assess which particular initiative is having a positive impact on access and on the efficiency and effectiveness of running a practice.

Refresher training courses are taking place regarding Correspondence Management, which is creating a more consistent and efficient service. The Chair asked how this is impacting on health care assistants, as more work is being directed to them. Dr Elston noted that whilst nurses have clinics to manage, they do not have the follow up work that GP's have.

The Apex Insights Tool, which will help support capacity and demand and workforce planning was discussed at the Committee. An update will be provided at the next meeting.

RB

An update was requested regarding MJOG, an interactive text messaging services which saves information in the patient record. An update will be provided at the next meeting.

RB

Resolved

The Committee members noted the information provided.

7. PRIMARY CARE NETWORKS: APPROVAL OF REGISTRATION FORMS AND FUTURE DIRECTION

Julie Wilson presented to the Committee the papers supplied regarding the Primary Care Networks (PCN). Apologies were passed on that the papers were late, this was due to meetings taking place which required information to be fed into the detail of the paper.

The NHS Long Term Plan sets out the vision for the development of PCNs, which will form the foundation for the delivery of integrated care to the local population and is also reflected within the CCG's Primary Care Strategy. PCNs are groups of GP practices

working more closely together, with other primary and community care staff and health and care organisations, providing integrated service to their local populations.

PCN registration forms were required to be submitted to CCG's by 15th May 2019, with final approval required by 31st May 2019. The Committee has been asked to approve the proposed PCN's and provide a recommendation for final approval to the Humber Coast and Vale Primary Care Programme Board on 30th May 2019.

The CCG has received five PCN registration forms. Each PCN covers a population size within the specified 30,000 to 50,000 range, and all practices in the North East Lincolnshire area are included within a PCN. All groups have been self-selected based on relationships, and evidence from other sites suggests that relationships play an important factor in the success of networks.

The Committee were asked to note the following:

- All boundaries of all the PCN's overlap, this is acceptable given the local spread of registered patients, and the national guidance recognises that this sometimes will occur
- Extra graphs provided in the papers outline the boundaries, population spread, physical premises
- Within NEL there is no existing single community service infrastructure against which to compare or overlay the proposed PCNs. Work will be undertaken with other community providers to move discussions forward, reflecting the new PCN groupings.

The CCG are also considering whether there are any local supplementary schemes that could be developed and commissioned via the PCNs, and the CCG are reviewing and considering the following:

- Medicines Optimisation
- Community urgent care
- GP support to discharge
- Community Respiratory Service

The Committee noted that the CCG are looking to develop schemes whereby providers take a share in the risk and reward for any service change. This approach is being taken forward within the IUC Alliance, and the CCG would need to ensure that any PCN schemes align with this.

NHS England Improvement are establishing a programme of national accelerator sites for PCN's which would provide some additional support and funding to enable PCN's to move more swiftly in a specific focus area. The PCN Clinical Directors have expressed their support to submit an expression of interest. The Committee will be kept informed regarding the outcome of the discussions about this.

JW

A PCN Forum has been established, and the Clinical Directors are keen to engage with the PCN.

Resolved

	<p>The Committee members:</p> <ul style="list-style-type: none"> • Approved the North East Lincolnshire PCNs and provided a recommendation for final approval to the Humber Coast and Vale Primary Care Programme Board on 30th May 2019 • Approved in principle the ideas for the CCG supplementary schemes, subject to further development • Supported the expression of interest for the PCN Accelerator site programme, subject to nomination by the Region and the PCNs agreeing they are in a position to submit an expression of interest 	
	QUALITY	
8.	<p>PRIMARY CARE QUALITY UPDATE (STANDING ITEM) Nothing to report.</p>	
	OPERATIONAL	
9.	<p>ANNUAL PLAN PRIMARY MEDICAL SERVICES BUDGET The Committee were provided with an update on the 2018/19 Outturn Position.</p> <p>The Committee noted that there were no significant changes to the figures reported to the last Committee. The following was brought to the attention of the Committee:</p> <ul style="list-style-type: none"> • The uplift of 1.69% in CCG Delegated Allocation, and the year on year impact of complying with the investment requirements has created a funding gap of 1.81%. • The CCG's approach to addressing / mitigating the impact of this. <p>The CCG are formally expressing concerns regarding the lower than average allocation and the funding gap; but are committed to providing funding to GP's, PCN's etc., to ensure compliance with national requirements. This has created additional pressure for the CCG in terms of savings requirements.</p> <p>The LMC representative expressed concerns that any changes in funding not be at the detriment to what has already been agreed with regards to Shared care, within Primary Care spending. The LMC requested that additional detail be supplied, as the principles have been agreed for some time. The CCG recognise that Primary Care is a key enabler and the CCG need to understand how to achieve this focus to benefit the wider system, in order to fund the quality schemes. Laura Whitton will have further discussions with the LMC.</p> <p>Resolved</p> <p>The Committee members noted the information provided.</p>	LW
10.	<p>PMS REINVESTMENT FUNDS The Committee agreed to forward this item to the next meeting of the Committee.</p>	JW
	INFORMATION	
11.	<p>Action Summary Sheet – GP Provider Development (Standing item) The paper was shared for information. No questions were raised.</p>	
12.	<p>Any other Business No other business was raised.</p>	

13. DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee

30 th Jul 2019	2pm to 4.30pm
24 th Sept 2019	11am to 1.30pm
26 th Nov 2019	2pm to 4.30pm