NHS
North East Lincolnshire
Clinical Commissioning Group

MINUTES OF THE JOINT CO-COMMISSIONING COMMITTEE
HELD ON TUESDAY 3RD OCTOBER 2017 2.00PM to 4.30PM
AT CENTRE4, IN TRAINING ROOM 1

PRESENT:

Steve Pintus	Director of Public Health, NELC (Chair)
Laura Whitton	Interim Chief Finance Officer NELCCG
Cllr Jane Hyldon-King	Portfolio Holder for Health, Wellbeing and Culture
Paul Glazebrook	Health Watch Representative
Dr Derek Hopper	Vice Chair of CoM
Geoff Day	NHS England
Erica Ellerington	NHS England
Saskia Roberts	Medical Director – Humberside Group of LMC's
Julie Wilson	Assistant Director Programme Delivery & Primary Care NELCCG
Zena Robertson	NHS England
Dr Maliyil	Chair of CoM, NELCCG (Joined the meeting at Item 5)

IN ATTENDANCE:

Helen Askham	PA to Executive Office, Note taker

APOLOGIES:

Mark Webb	NELCCG Chair
Sarah Dawson	Service Project Lead NELCCG
Rachel Singyard	Service Manager, NELCCG

Ed	ITEM	Action
1.	**APOLOGIES** Apologies were noted as detailed above.	
2.	**DECLARATIONS OF INTEREST** 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.	
3.	**MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION** Dr Maliyil asked for the conflict of interest to be amended on the previous minutes. The minutes should state that the conflict of interest for item 10 is due to Dr Maliyil being a Director for a neighbouring practice. The minutes for the 11th July 2017 were amended and were agreed as an accurate record.	
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. Nurse & HCA Training

Local training for Practice Nurses and HCAs is being developed as part of the GP protected learning sessions. A small working group to review HCA competencies is being established, with a view to developing a framework for HCA competencies that will allow transfer of work from practice nurses to help alleviate workload pressure.

iii. Care Navigation

There is funding available in 2017/18 for training of reception staff at practices in order for them to be able to sign-post patients to the most appropriate point of care. Training is due to finish by the end of the financial year.

iv International Recruitment Update

The bid submitted across the STP (5 CCGs) has been approved by NHS England. NHS England and the CCGs are undertaking a process to select a recruitment agency to support the campaign. The aim is to recruit 65 GP's across 5 CCG's within the STP, with 11 GPs for the NEL area. It has been agreed that Spain will be the first country to establish links with.

The Board discussed the challenges of recruiting across our region. It was agreed that Julie Wilson would contact Steve Pintus outside of this meeting to establish a contact with the Workforce Group at NELC to raise concerns regarding recruitment. Joanne Hewson agreed to raise concerns at the Place Based Operational meeting.

6. EXTENDED ACCESS PLANS

The plan to roll out GP extended access had been put on hold pending publication of a national integrated urgent care specification, as this could affect the plans between extended access and the provision of urgent care.

A paper will be prepared for the next meeting of the Joint Co-Commissioning meeting for members to discuss proposals. Members requested that any different approaches outlined within a new specification align with the North East Lincolnshire approach in delivering health care. **JW**

A presentation was provided by NHS England regarding New Models of Care.

NHS England will provide additional funding, on top of existing primary medical care allocations, to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand. This would sit alongside effective access to other primary care and general practice services such as urgent care services.

Recurrent funding to commission additional capacity and improve patient access will increase over time: 2018/19 £3.34 per weighted patient, 2019/20 £6.00 per weighted patient. In order to be eligible for additional recurrent funding, CCGs will need to commission and demonstrate a number of criteria to comply. New Model needs to be procured and in place with 100% delivery by March 2019.

The Committee discussed how Extended Access fits with New Models of care and Forward View Investment. NHS England outlined the potential opportunities:

- Opportunity to test and develop new ways of working at scale
- Opportunity to develop the local "place based" elements of out of hospital care
- Starts the journey towards a single Multi-speciality Community Provider for North East Lincolnshire
- Possibly provides a building block for the wider accountable care system
- Help with ensuring we have sustainable primary care, the essential building block of the new models
- Work towards providing more rewarding opportunities and improved job satisfaction, aiding recruitment and retention

NHS England also shared potential ideas for ways in which service could be delivered:

- North East Lincolnshire wide call centre open 24/7, thus satisfying 7 day access and improved OOH arrangements
- Single NEL wide home visiting service (ECP led with GP access as required)
- Pro-active care navigation
- Single formulary
- Online triage and telephone triage, with walk-in patients also being taken through care navigation (time and day dependant)
- Separate model of access for high risk patients and those with multiple long term conditions
- Functional Multi-Disciplinary approach to high risk patients
- Access to social prescribing at least at network level

The Committee discussed how this new system would fit in with local models of care. NHS England suggested that CCGs need to think about the system differently. The Committee were informed that discussions are already taking place with providers regarding how they work together, such as the long term conditions service.

The committee discussed key question for commissioners:

- Scope of services, and what is in and out of that
- What is included as 'Out of hospital care'
- How 7 day access fits
- What the high level outcomes should be
- The necessity for focus on prevention
- Who the lead commissioner would be for areas not in scope of local model
- Who/What the Integrated commissioner is
- Publishing a PIN

It was noted that more work on integrated commissioning has been taking place in North East Lincolnshire, where health, social care, recruitment and economic development are being considered together. The Committee considered what patients thoughts would be on these new developments, and expressed hopes that the GP Federations will make further progress as discussions develop.

The Committee welcomed further discussions on this topic, to take place at the next Committee meeting. **JW**

7. LATEST NATIONAL GP SURVEY RESULTS

The Committee received an update regarding the latest national GP Patient Survey results and the actions that are being taken forward that will help to improve experience of general practice.

Performance remains relatively good. There are some areas where performance across NEL CCG practices has improved since the previous year's survey and some where it has deteriorated. There are a number of projects or initiatives which are being taken forward that will support improvements in access and general experience within the practice. Most of these are part of the local GP Forward View plan and are reported regularly to the Co-Commissioning Committee.

The Committee noted the latest GP survey results and the actions that the local practices and the CCG are taking which will support improvements.

8. FULLY DELEGATED COMMISSIONING OF GENERAL PRACTICE SERVICES

A report was provided to the Joint Co-Commissioning Committee with updated information to support a discussion regarding whether or not the CCG should move to take on fully delegated commissioning of general practice services from April 2018.

The Committee has previously considered the benefits and risks of taking on delegated arrangements from NHS England for the commissioning of core general

practice services, i.e. moving from 'Level 2' joint commissioning arrangements to 'Level 3' fully delegated. NHS England have yet to publish the timeline and process for CCGs that are interested in submitting an application for 2018, but it is understood that this is due imminently and that the process and timeline is likely to be very similar to the previous year. The paper presented set out the benefits and risks of each of the two levels and provided an update against the areas identified as concerns by the Committee last year, to support a discussion regarding whether or not to recommend to the Council of Members that the CCG takes on delegated responsibility for general practice core service commissioning from April 2018.

The CCG has recently met with representatives from NHS England Yorkshire and the Humber to discuss issues associated with CCGs taking on delegated responsibilities and it was clarified that:

- Support from NHS England in terms of commissioning / contracting, finance and quality would remain as it is now; i.e. the CCG staff would not feel any change in terms of the workload associated with core contract management. The only exception to this would be if a procurement of a general practice list was required, in which case the CCG team would be expected to take the lead. This has occurred very infrequently and is therefore unlikely to have a significant impact.
- Existing legal / financial costs would be indemnified by NHS England. However, any increases in costs would be the responsibility of the CCG from the date at which they assume full responsibility for general practice commissioning. There is a small contingency (as reported within the finance report), which would also be transferred to the CCG but this may not always cover the full costs of any increases. The CCG would therefore need to incorporate increases in costs associated with general practice commissioning, e.g. notional rent increases, into its financial planning. Local CCGs could agree to risk sharing arrangements for some costs, to provide greater flexibility.

The committee members discussed the information provided and unanimously agreed with the recommendation made to the committee.

The Joint Co-Commissioning Committee considered the risks and benefits, along with the update from NHS England, and agreed to make a recommendation to the Council of Members that the CCG should take on delegated responsibility for the commissioning of core general practice services from 1st April 2018.

9. GP RESILIENCE FUNDING 2017/18

The Committee were updated on the current status of General Practice Resilience Funding awarded to practices within North East Lincolnshire.

NHS England met with the Local Medical Committee (LMC) for Humber and North Yorkshire and prioritised the Resilience Bids received. A total of 99 applications were received across North Yorkshire and the Humber area, with a budget of £221k.

A total of £217,250 has been committed at this stage; however, NHS England need to do some more detailed work with some of the schemes to establish exactly what the budget will be so there may be opportunities for freeing up some additional monies that can be reviewed at a future date.

In North East Lincolnshire a total of 4 bids were approved totalling £39k and were mainly for work around organisational development and more joined up working, details of which are currently being worked up in order to finalise the Memorandums of Understanding (MOUs).

The Committee noted the contents of the report.

10. NEW MODELS OF CARE

This item was discussed as part of agenda item 6.

11. ETTF UPDATE

The Committee were updated on the current status of North East Lincolnshire's Estates and Technology Transformation Fund schemes.

Out of a total of 4 schemes relating to premises improvements, only one was sufficiently developed to take forward to the next stage; this is a small extension to the Roxton Practice in Immingham. A draft Project Initiation Document (PID) was submitted to NHS England for review and details were submitted to the District Valuer to assess the revenue implications of the scheme. A meeting is taking place on Friday 29th September 2017 between NHS England and the CCG to understand if the scheme can still be delivered.

Three further premises schemes are being considered by the CCG (Beacon Medical Practice, Raj Medical and Dr Sinha's Laceby Branch) but have yet to be progressed.

It was noted that the CCG funding that had been set aside during 2017/18 to support these premises improvements was unlikely to be utilised. The Committee were asked if they would support an alternative allocation arrangement for practices. The Committee agreed that funding could be re-allocated in order to support the overall strategic direction, and asked that a set of principles be established and circulated to the Committee for information.

Action: A set of principles to be established and circulated to the Committee. **JW**

The Committee noted the contents of the report.

QUALITY

12. REQUIREMENTS FOR IMMEDIATELY NECESSARY TREATMENT

A concern was recently raised at the Council of Members meeting that patients are reportedly being denied immediately necessary treatment at some practices.

The Committee discussed the requirements and the potential consequences if practices are not meeting those requirements, i.e. that a complaint can be escalated to a grievance and ultimately a breach letter from NHSE

Action: It was agreed that the LMC would circulate a reminder regarding the contractual requirements of all GP practices, and the potential consequences of not meeting those. **SR**

13. UPDATE REGARDING PMS VARIATIONS

The Committee were updated on the 2016/17 GP Contract Variation Notices.

NHS England has published the 2016/17 General Medical Services (GMS) and Personal Medical Services (PMS) variation notices and updated contracts. NHS England North (Yorkshire & the Humber) are in the process of rolling these variations and updates out. It was noted that when the CCG are fully delegated, they would be responsible for providing this information.

The Committee noted the contents of the report.

ITEMS FOR INFORMATION

14. PRIMARY MEDICAL SERVICES BUDGET SUMMARY

The paper was noted by the Committee.

15. ACTION SUMMARY SHEET GP DEVELOPMENT

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

16. AOB

The Committee briefly discussed an underspend against a number of the GP Forward

View budget lines, some of which could potentially be allocated to alternative areas. It was agreed that a paper be circulated reviewing the options available. **JW**

The Committee discussed the possibility of a representative from Pharmacy services being included in the GP development group in order for the CCG to be move involved in the pharmacy agenda for the future. It was noted that a decision to implement a scheme to reduce unnecessary repeat medicines was taken by the Council of Members at their last meeting, and it is hoped that the scheme will change and stop wastage.

National guidance has recently been issued to CCGs which requires implementation of prospective peer review within general practice by the end of September 2017. The CCG benchmarks low in terms of outpatient referral numbers and is therefore taking the approach of meeting with the practices that are in the highest referring quartile, to understand more about the potential solutions and whether prospective peer review would support them.

DATE AND TIME OF NEXT MEETING
2018 Dates to be confirmed