

**MINUTES OF THE JOINT CO-COMMISSIONING COMMITTEE**

**HELD ON Thursday 4th April 2017 2.00pm to 4.30pm**

**AT CENTRE4, IN TRAINING ROOM 1**

**PRESENT:**

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| Mark Webb | NELCCG Chair |
| Laura Whitton | Interim Chief Finance Officer NELCCG |
| Steve Pintus | Director of Public Health, NELC |
| Dr Maliyil | Chair of CoM, NELCCG (Joined the meeting at Item 5) |
| Paul Glazebrook | Health Watch Representative |
| Cllr Jane Hyldon-King | Portfolio Holder for Health / Deputy Leader of the Council |
| Dr Derek Hopper | Vice Chair of CoM |
| Geoff Day | NHS England  |

**IN ATTENDANCE:**

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| Helen Askham | PA to Executive Office, Note taker |
| Jill Cunningham | Service Manager, NELCCG |
| Julie Wilson | Assistant Director Programme Delivery & Primary Care  |
| Saskia Roberts  | Medical Director - LMC |

**APOLOGIES:**

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| Zena Robertson | NHS England |
| Heather Marsh | Head of Co-Commissioning, NHS England |

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| **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. Dr Maliyil declared an interest in Item 08 – Dr Maliyil is a GP at a local practice. Dr Maliyil stayed in the meeting, but did not comment.Cllr Jane Hyldon-King declared an interest in Item 13 – Cllr Hyldon-King is registered at Freshney Green practice. Cllr Hyldon-King stayed in the meeting, but did not comment.Geoff Day declared an interest in Item 13 – Geoff Day is registered at Freshney Green practice. Mr Day stayed in the meeting, but did not comment.Dr Maliyil declared an interest in Item 14 – Dr Maliyil is a GP of a local practice. Dr Maliyil stayed in the meeting, but did not comment. |  |
| **3.** | **MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION**The minutes of the meeting held on the 26th January 2017 were agreed as an accurate recordNo virtual decisions have been taken in this quarter.  |  |
| **4.**  | **MATTERS ARISING**All matters arising were agreed as completed. |  |
| **5.** | **GP FORWARD VIEW DELIVERY PLAN**A document was presented to the Committee which reflects the most recent position of the General Practice Groupings, including any changes notified to the CCG by the 28th February 2017. The document outlines which practice sits under which group and includes information on list sizes. As part of the local GPFV plan, the CCG has identified £1.20 per head of population to support development of the groupings. The CCG is arranging meetings to discuss priorities and development plans with each of the groupings. It is anticipated that the groupings will work together on developing extended access arrangements, supporting improvements in quality through peer review (supported by a revised Local Quality Scheme, if approved by this Committee), and sharing staff where this makes sense in terms of maintaining skills and ensuring greater resilience within the workforce. These groups will also from the basis for greater integration between GP services and other care services within North East Lincolnshire. The groupings will also be represented within the local Accountable Care arrangements.Training of receptionist staff in correspondence management has recently commenced.A bid regarding international GP recruitment was submitted by the NHS England local team and the 6 CCGs within our STP footprint. This is currently being considered and the CCG will be informed of the decision by late May. Claire Stocks will attend the next Joint Co-Commissioning meeting to provide more information regarding the Productive General Practice Quick Start programme. During 2016/17 12 practices were involved with this programme. Summarised data has found that the some of the changes made and new processes implemented would save 2010 clinical hours, on an annual basis, across all of those practices. **The Committee noted the updated provided for the GP Forward View Delivery Plan.** | HA |
| **6.** | **PMS RE-INVESTMENT PROPOSAL**The Joint Co-Commissioning Committee received a detailed update in February 2016 regarding the enhanced services commissioned from general practice. A table was presented to the Committee to provide an update regarding CCG work undertaken during 2016/17 and plans for any further work in 2017/18. This table also includes the services funded through PMS reinvestment monies, which were agreed at the January 2017 Joint Co-Commissioning Meeting.The table lists all the contracts the CCG holds with general practices. The Committee discussed how the impact of each service can be evidenced, particularly for those schemes that are aimed at reducing activity within Secondary care. It was noted that there is an evaluation process to assess performance, and whether the objectives and the desired outcomes are being achieved. The Committee noted that not all practices can support all enhanced services, but that collaborative working at scale could address where there are gaps currently. **The Joint Co-Commissioning Committee noted the current position in relation to the CCG commissioned enhanced services (over and above core) from general practice.** |  |
| **7.**  | **CLINICAL PHARMACIST SCHEME UPDATE**A verbal update was provided regarding the Clinical Pharmacist Scheme.The national scheme is available now as an on-going project and practices can submit bids via a portal at any time, with assessments by NHS England every quarter. An email will be circulated to practices to inform them of the deadline dates. However, it was noted that bids have to meet a criterion of covering a minimum 30,000 population size and currently there are not enough interested local practices to meet this criterion. The CCG are awaiting a lessons learned document to be published by NHS England before considering how to move the scheme forward. A discussion will be held at a GP Development meeting as to how practices can work together, supported by the CCG, to make the Scheme a success. |  |
| **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. It was noted that following feedback from Practices on the revised quality scheme offered out during 2016/17 too many areas were included, representing significant amount of work for practices, and irregular payments meant practices struggled to invest in staff time to undertake the work.The proposal is to invest the funding into the new Practice Groupings to support collaboration, peer review and sharing of learning across the constituent practices. Funding would also be paid monthly, rather than at irregular intervals dependent on achievement of targets, so that the groupings can plan ahead and target shared resources at making the required improvements.Monitoring would be based on two meetings per year, and payments would be made on a monthly basis with assessment of evidence by the CCG relating to the specific areas covered by the scheme. It was noted that if practices did not engage in the monitoring then consideration would need to be given to ceasing payment. The Committee discussed how improvement would be measured and what the impact on the groupings would be if individual practices were not able to evidence improvement. It was agreed that this needs to be made clearer. The Committee also agreed that there needed to be clear criteria for this scheme and that it should be circulated to the Committee for virtual approval after further work.**The Joint Co-Commissioning Committee approved the approach to offering out the Local Quality Scheme to Practice Groupings and to re-align the payment to a regular monthly payment, subject to agreeing the final criteria (by virtual approval)** | JWJW |
| **9.** | **NEW ENHANCED SERVICE FOR QRISK2**The paper submitted for the meeting was taken as read.NHS England have recently introduced a new time-limited Enhanced Service, following the QRISK2 patient safety incident in June 2016, and the code mapping errors which led to incorrect risk scores for some patients. A financial settlement of up to £2m between TPP (the provider of the system) and the Department of health, NHS England and NHS Digital has been agreed. GP practices will be allowed to submit a manual financial claim at £6.50 per assessed patient as recompense for time spent on reviewing patients as a result of this error. **The Co-Commissioning Committee noted the contents of the report and the introduction of the new Enhanced Service.**  |  |
| **10.** | **UPDATE ON PRIMARY CARE CONTRACTS**This item was discussed as part of agenda item 6. |  |
| **11.** | **NEL DOCKS COLLABORATIVE**A paper was presented to the Committee to update on the findings of the NEL Docks Collabortaive 7 Day Pilot and to make the Committee aware that the pilot ended on the 31st March 2017. It was noted that the docks Collaborative requested agreement from NHS England to take forward a scaled down version of the model, but the detail of this was not agreed by all member practices at the time and could not be supported by NHS England or the CCG. It was noted that the project has provided some good learning points. There were negative issues in respect of low utilisation rates and high costs. However, the positives were the demonstration of being able to take forward services through a collaborative approach, GP led Triage, Patient feedback, GP feedback, and the use of technology. It was noted that the Collaborative explored creating a formal link with the Single Point of Access to divert calls to the practices during the hours of operation. However, the SPA response was this was not possible without additional investment, which could not be supported for a time-limited project. This is something that can be developed as part of the CCG’s plans for taking forward extended access to general practice.The Committee noted the delays in getting the project underway which had adversely affected the length of time the service was operational and therefore limited the findings. The Committee agreed that collaboration was shown to have worked, so there needs to be a way found to build on this. The Committee discussed the next steps on extended access to general practice, and noted that the Planning Guidance outlined a deadline of March 2018 for extended access to be delivered to 50% of the population. The Committee agreed that extended hours would be discussed as an agenda item at the next meeting. **The Committee noted the findings of the NEL Docks Collaborative pilot and noted the end date of 31st March 2017.** | HA |
| **12.**  | **CONTRACT VARIATION – FIELDHOUSE MEDICAL CENTRE AND GREENLANDS SURGERY**The paper submitted for the meeting was taken as read.NHS England has received a request from Fieldhouse Medical Group and Greenlands Surgery to vary their PMS contracts as outlined in the paper. It was noted that the two practices have indicated they are looking to merge their PMS contracts at a later date (subject to approval), and that this is a reasonable step to take to work together and improve resilience. Dr Thomas commented that as these practices were in different practice groupings, the CCG would need to be mindful of any potential future impact.The committee supported the recommendation. **The Committee noted the decision made to accept the request to vary the PMS contracts, by officers within NHS England and the CCG, in accordance with the scheme of delegation.** |  |
| **13.** | **FRESHNEY GREEN LIST CLOSURE UPDATES****Cllr Jane Hyldon-King declared an interest in Item 13 – Cllr Hyldon-King is registered at a Freshney Green practice. Cllr Hyldon-King stayed in the meeting, but did not comment.****Geoff Day declared an interest in Item 13 – Geoff Day is registered at a Freshney Green practice. Mr Day stayed in the meeting, but did not comment.**The paper submitted for the meeting was taken as read.The paper provided an update regarding the actions being taken by all of the Practices. It was noted that the boundary changes to Woodford Medical Centre and Littlefield would mean that new places for patients would be prioritised for people who live in the area. **The Co-Commissioning Committee noted the updates for the three practices as outlined in the paper.**  |  |
| **14.**  | **GMS CONTRACT CHANGES FOR 17-18 UDPATE****Dr Maliyil declared an interest as he is a GP of a local practice. Dr Maliyil stayed in the meeting but did not comment.** The paper submitted for the meeting was taken as read. NHS England have recently published the GP Contract changes for 2017-18. The new contract includes provisions to encourage practices to expand access and not to close for half-a-day a week, and practices which regularly close for mornings or afternoon on a week day will lose their eligibility for the current extended hour’s scheme claimed by most practices. The new contract will see investment of around £238m going into the contract for 2017/18. The Committee noted this recognised the lack of investment in Primary Care over the last few years. The Committee noted that the forthcoming CCG specification for extended access could provide an opportunity to be explicit regarding the CCG’s view of requirements for practices to be open. **The Co-Commissioning Committee noted the contents of the publication and summary.**  |  |
| **15.** | **PRIMARY MEDICAL SERVICES BUDGET SUMMARY**This item is deferred due to information not being ready due to change of the date of the meeting. |  |
| **16.** | **ACTION SUMMARY SHEET GP DEVELOPMENT**The action summary sheet for the GP Development Group was provided for information. |  |
| **17.** | **AOB**Rachel Singyard will be joining the CCG to help with various projects, but with a focus on primary care. Jill Cunningham will focus more on unplanned care projects in the future. The Committee thanked Jill Cunningham for her valuable contribution |  |
|  | **DATE AND TIME OF NEXT MEETING****11th July 2017, 2.00pm – 4.00pm, Training Room 1, Centre4** |  |