NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
CARE CONTRACTING COMMITTEE

ACTION NOTES OF THE MEETING HELD ON 09/09/2020 AT 9AM

MEMBERS PRESENT:
Laura Whitton, Chief Finance Officer (Chair)
Anne Hames, Community Forum Representative
Mark Webb, CCG Chair
Bev Compton, Director of Adult Services (for item 6 only)
Jan Haxby, Director of Quality and Nursing (for items 6, 7, 8 only)

ATTENDEES PRESENT:
Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care
Eddie McCabe, Assistant Director, Contracting and Performance
Brett Brown, Contract Manager
Caroline Reed, PA to Executive Office/ Note taker

APOLOGIES
Helen Kenyon, Chief Operating Officer
Dr Ekta Elston, Medical Director
Christine Jackson, Head of Case Management Performance & Finance, focus
Dr Raghwani, GP Rep

1 APOLOGIES RECEIVED
Apologies were received as noted above.

2 DECLARATIONS OF INTEREST
Members to declare any individual or Practice interests that are likely to lead to a conflict or potential conflict that could impact (or have the potential to impact) on any items on the agenda. This should be repeated again at individual item(s) where it is considered a conflict is likely to or could potentially arise.

There were no declarations of interest raised by those members in attendance.

A conflict of interest in relation to Item 8 had been identified prior to the meeting. This was due to the paper including details of a potential procurement timeline. The item was therefore due to be considered in private without the GPs present. However, as both of the GP reps had sent apologies, no action was required. The paper was not shared with them in advance of the meeting.

3 APPROVAL OF PREVIOUS MINUTES 12.08.2020
The notes of the previous meeting were agreed as an accurate record.

4 MATTERS ARISING
The outstanding Matters Arising were reviewed.

4.1 Rethink Crisis House, Lincsline and Mental Health SPA recommended way forward.

Action: L Holton to provide an update to the next meeting if there is significant progress to enable a meaningful discussion.

5 Terms of Reference

L Whitton provided a summary:

- Committee Terms of Reference are undergoing a review following the work undertaken by the Risk Committee regarding the CCG meeting structure. The decision was taken to stand down the Delivery Assurance Committee and ToR may need to be amended to reflect this change. Committee ToR are also being reformatted.
  Action: the updated ToR will be circulated to the October meeting.

6 Patient Transport Service (PTS)

A report was circulated for consideration. S Hudson provided a summary:

- The current PTS contract with TASL is due to end at the end of October 2020 after a 5 year period. It is proposed to notify the current contract holder that the CCG intends to procure. This will allow for a review of non-emergency PTS and for a new service specification to be developed in NEL.
- The Committee has previously requested that the CCG look to work with the Local Authority to develop one transport plan to incorporate PTS. Following working groups with Engie and FutureGov it was determined that this is not something that can be progressed further.
- The national review of the Transport Pilots has identified that not one pilot between NHS and LA have been able to mobilize a complete service due to differing needs.
- The national NHSE PTS review, due to be released imminently, will outline that numbers of patients transported need to be reviewed in light of increasing cost and demand, and that stricter criteria will need to be applied. It is also likely that patients will increasingly need to travel further for services and there will be the need to cross boundaries.
- Due to issues with the current contract and changes in local service delivery, bed pressures at hospitals and patient demand, the current service would be considered inefficient.
- It is proposed that the CCG commission a revised high-quality PTS, provided only to those with a health need and who meet the revised criteria.
- The CCG would be interested in exploring options to increase flex capacity within the PTS to support the needs of the hospital and wider health service. Exploring options for flexibility and surge capacity within the core contract could reduce financial pressures.
- As part of the service reconfiguration the CCG would bring all three contract lots back under one contract to enable a greater flexibility in delivery of the service and give an opportunity for at scale capacity and efficiency improvements to be made.
- The reconfiguration would also link into the work underway to strengthen discharge processes within the hospital. This would provide an opportunity to maximise patient transport discharge resources through a coordinated approach between the Trust and the provider as well as other partners. A dedicated coordinator role could manage the discharges within the Trust.
- Other providers could be affected, including Amvale (Non-Emergency Patient Transport Services), Mobile Medical Services and Links Taxis.
- Software would be available to patients to deliver digital options.

- It is probable that patients who have historically accessed PTS would not be eligible if criteria were more robustly applied. This could result in public dissatisfaction and media interest. The CCG would need to manage this risk through improved communication.

The Committee provided the following feedback:

- The Committee acknowledged the need for the revised specification, the tightening of eligibility criteria and supported the development of digital options and a dedicated discharge member of staff at DPoW but expressed frustration at the lack of support for a Union wide transport plan incorporating PTS. A cross system plan should result in economies of scale and planning across the system. It was noted that attempts had been made to engage the LA in this; the main stumbling block being how PTS aligned with more general transport needs eg routes to hospitals/GP practices etc. It was emphasised that the LA is responsible for considering the transport needs of its population as a whole. The Committee agreed that this should be a Union priority and that further discussion is required at the NELC/CCG Leadership Team meeting to understand the overall approach and strategy to transport in the borough and how the different strands fit into it.
  Action: L Whitton to add Transport to the NELC/CCG Leadership Team meeting agenda.
- The Committee acknowledged the two separate issues: 1/ getting patients to hospital; 2/ the wider transport system, which would include routes for families to get to health sites. E McCabe emphasised that a Grimsby or NEL solution would not meet the need of patients going forward as there will be an increase in Humber wide services with patients having to travel further for health services. It may be necessary to have a separate community response not tied to the acute PTS service.
- Some work was previously undertaken around the total transport initiative with some local providers doing some joint planning and looking at some small-scale grass roots initiatives. This had been successful in some rural communities.
- Concerns were raised that the CCG is capitulating to national guidance and should be pushing back if the guidance does not meet the needs of the local population.
- The Committee supported the recommendation to develop a new service specification and acknowledged the importance of future proofing it. Patients may be travelling further in the future and the specification needs to ensure that patients won't have to swap transport due to multiple providers and boundaries. It was agreed that the development of the specification could continue whilst discussions were taking place with regard to a Union Wide Transport plan.
- Concerns were raised regarding the ongoing issue around patients waiting long periods of time for transport on discharge. A fully co-ordinated approach would be welcomed. It was proposed that patients be asked on admission whether they would require transport on discharge to assist planning.
- The Committee supported the proposal to tighten the eligibility criteria. It was noted that current criteria is not well managed. Some patients are receiving transport unnecessarily, eg, they have family who can transport them to hospital/home. It was agreed that N McVeigh should be involved in conversations linked to discharge.
- The specification should include all current treatment sites but also have the opportunity to add any new sites, eg, Cambridge park. It was agreed that the spec will need to build in flexibility and the ability to change and build and move and manage peaks and troughs of activity.

The Committee agreed to support the recommendations:

- That the CCG serve notice on the current TASL Patient Transport Contract no later than 31 October 2020.
- The CCG works with other relevant stakeholders to develop a new service specification; this revised specification would support the inclusion of a greater range of health care sites, be responsive to changes in provision, have a greater emphasis on medical eligibility, and provide service capacity and flexibility that reflects current and future demand.
- To develop a more specific interpretation of eligibility criteria to ensure greater clarity for patients, the public and provider(s) and establish robust arrangements for both a PTS provider and local hospital Trust to assess and then apply the criteria equitably on the CCGs behalf.
- The CCG undertake a procurement process and award a contract based on the revised service specification and scope of service.

Action: An update to be brought to the next meeting.

9:35am – B Compton left the meeting.

7 Any contract extensions / procurements required following on from the contracts register review

All extensions/procurements were discussed at the last meeting or as part of today's agenda.
Action: L Holton to be asked to provide a progress update on the Day Services contract (Foresight) for the next meeting.

8 GP Out of Hours Update

A report was circulated for consideration. The report was not shared with the GP representatives due to conflict of interest – details of timescales linked to a potential procurement were included in the report. Drs Elston and Raghwani had sent apologies to the meeting and therefore no action was required in terms of CoI.

J Wilson provided a summary:

- As agreed at the August meeting, CCL were notified that their contract would be extended to 31st March 2021 but would then terminate.
- Discussions have commenced with PCN Clinical Directors (CDs) and the LMC regarding the requirements for access and the extent to which PCNs wished to be involved in 24/7 urgent care provision. As part of this process, individual Practices were asked to indicate their intent to 'opt in' to providing GPOOH services as they are currently 'opted out' of that from their core contract.
- The PCN Clinical Directors, and the LMC felt that the proposed timeline for having a plan in place (end of September) was not sufficient to reach a robust decision and that further information was required. PCNs also have 3 new service specifications commencing in early October and other conflicting demands; therefore, an extension of the deadline was agreed in order to enable a more robust position to be reached.
- Further conversations will take place with PCNs to emphasise that the 24/7 urgent care provision is also about working with other partners, eg, CPG Rapid Response team, MH Teams.
- The LMC flagged that even if Practices wished to 'opt in' and take back responsibility for OOH provision, it may not simply be a case of being able to do so. The CCG is looking into this and will have further conversations with the LMC.

- A virtual workshop is being arranged for w/c 21st September for practices and PCN CDs, to enable more time to share the requirements and for questions and clarification regarding the potential arrangements. This will also help to shape the service specification.
- A conversation is also required regarding the In hours element of the service.
- Public events are being planned to take place concurrently with the ongoing conversations with PCNs.
  Action: A progress update to be provided at the next meeting.

The Committee provided the following feedback:

- Proposal to add a 3 or 6 month extension to the CCL contract. The Committee agreed that this would be prudent given the extended deadline for a decision and in the event of a procurement and agreed to a contract extension of 3 months to 30/6/2021.
- What would happen if only one PCN were to express an interest in delivering the service? It was confirmed that there would need to be one single service and therefore if this happened a procurement process would need to take place, through which that PCN could submit a bid.
- Concerns regarding the differential between PCNs, ie, those indicating a desire to opt in and those wanting to remain opted out.
- Do the PCNs understand that if the CCG fails to find provision amongst the PCNs, the CCG will need to go out to procurement, possibly to a 3rd party provider? J Wilson confirmed that she felt this was understood, but this will be further clarified at a meeting today, along with a reminder of the role of PCNs and how they fit into the overall system.
- Discussion regarding the length of contract and the need for futureproofing, ie, the provider would need to work with commissioners and work as part of an integrated local team.
- It was acknowledged that PCNs are relatively new and still evolving. It is important to emphasise that PCNs are the heart of the whole system and services will be wrapped around them. Further clarity will be provided to PCNs.

10am – J Haxby left the meeting.

- What would happen if PCNs did not agree to take back responsibility for OOH provision and no suitable provision was identified via a procurement process? It was confirmed that short term provision would need to be sought.

The Committee noted the update.

9 Items for Escalation from/to: Clinical Governance Committee / Governing Body

There was nothing to escalate to or from the meeting.

10 Items for Virtual Decision/Chair's Action

- British Red Cross Modelling Need:

Option 4 was approved on the understanding that:

- There is a review of the activity levels after 6 months which may result in a reduction to the contract value (if these are not as high as planned)
- KPI's will be developed over the next few weeks to ensure that any wider benefits / key outcomes from the service can be evidenced.

11 Any Other Business

- Ophthalmology update – E McCabe provided a summary:

NL and NEL CCGs agreed to use the slippage on main contracts as a result of Covid 19 to enable New Medica to address the NLaG backlog (follow ups; these patients will be permanently transferred to New Medica). Appointments commenced in July and this is progressing well with the aim of numbers being achieved by the end of February 2021. The significant issue of the Trust's backlog remains; H Kenyon and A Seale have asked NLaG for assurance. Fortnightly meetings and reporting are taking place.

NLaG have indicated that NEL patients will be tackled at the end as there is no issue with this cohort of patients. E McCabe was asked whether NELCCG is satisfied with this from a patient safety point of view. It was noted that all SI issues were in relation to NL patients and that there are no issues from a NEL perspective.

12 Items for Information

- Residential and Home Care Update

  It was noted that there were four new cases of Covid 19 within care homes since the report was written (1 member of staff in 4 individual care homes). The appropriate guidance and procedures have been followed and all individuals are isolating. B Brown provided assurance to the Committee that care homes are managing these incidences very well.

DATE AND TIME OF NEXT MEETING:

Wednesday 14th October 9-11am, Microsoft Teams