

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON TUESDAY 4 December 2018 2pm to 4pm
AT CENTRE4, IN TRAINING ROOM 1**

PART A

PRESENT:

Mark Webb	NELCCG Chair
Laura Whitton	Chief Finance Officer NELCCG
Cllr Jane Hyldon-King	Portfolio Holder for Health, Wellbeing and Culture
Joanne Hewson	Chief Operating Officer, NELC (representing Stephen Pintus)
Phillip Bond	Deputy Chair, PPI member of Governing body
John Berry	Quality Assurance NELCCG (representing Jan Haxby)

IN ATTENDANCE:

Julie Wilson	Assistant Director, Programme Delivery & Primary Care, NELCCG
Tracey Slattery	Health Watch representative
Krishna Kasaraneni	Medical Director, Humberside Group of LMCs
Erica Ellerington	NHS England
Kaye Fox	PA to Exec Office NELCCG, Note Taker
Sarah Dawson	Service Project Lead
Sophie Hudson	Service Manager
Karen Nickerson	Primary Care Commissioning Officer, NELCCG

APOLOGIES:

Dr Ekta Elston	Vice Chair of CoM, NELCCG
Jan Haxby	Director of Quality and Nursing NELCCG
Rachel Singyard	Service Manager NELCCG
Stephen Pintus	Director of Health & Wellbeing, NELC
Dr Thomas Maliyil	Chair of CoM, NELCCG
Geoff Day	NHS England
Jo Horsfall	Finance Support Officer NELCCG

<u>Ed</u>	<u>ITEM</u>	<u>Action</u>
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. The Chair reminded members that any declarations of interest that arise during discussions of the agenda items should be noted.	
3.	MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 06 November 2018 The minutes of the meeting held on the 6 November 2018 were agreed as an accurate record.	

6 **QUALITY**
Overview of the Annual GP Patient Survey (Healthwatch)
Tracey Slattery provided a paper for the meeting, which was taken as read. The purpose of the report is to update the Committee regarding the Healthwatch review of the latest national GP Patient Survey results.

Members were informed that the report provided some initial thoughts and is a very early draft. It was emphasised that there is further work to be done around this and Healthwatch will be meeting with the CCG to progress this and identify other ways in which Healthwatch could assist with the gathering of data to support improvements in access.

The main points discussed were:

- One of the ongoing complaints relates to getting through to the Practice for appointment. There is lots of information available as to what works well and what doesn't work so well from other Practices. A proper analysis needs to be undertaken, and there is a need to look at what is working further afield
- Ipsos Mori undertake the national annual GP patient survey and publish the analysis. As the response rates are low, they advise triangulating this with other sources of information. The work with Healthwatch therefore needs to focus on understanding more detail and provide us with the evidence that is needed so that improvements can be targeted at the right areas. It was clarified that the questions in the national survey are fixed and we are unable to influence
- The information underpinning the responses of patients in A&E was queried, in particular how many patients were spoken to. It was agreed that more detail would be provided on this.

ACTION: Tracey Slattery agreed to share more detail regarding the A&E elements in the report

TS

[Post meeting note: A&E Report now attached for information.]



AE report - Completed (003).doc

The Committee noted the draft report and the need for future work to be undertaken.

7. Mid-year Review Local Quality Scheme

Julie Wilson provided a verbal update to members:

The mid-year review visits with Federations have just been completed last week. All Federations are on track with the requirements of the scheme and have submitted the returns required. There were two areas relating to infection prevention and control; a profile of all staff requiring competency training has been undertaken and training will be completed before the end of the year. All Federations have identified a representative to attend the Infection Control committee. A sepsis baseline assessment has been undertaken and information has been submitted by all Practices. The mortality reviews do not have to be completed until the end of February, but all Federations have agreed how many will be completed per practice and how they are going to undertake their Peer Reviews. Referral Management peer review and medicines optimisation meetings

<p>8.</p>	<p>have been arranged and are well underway. Federations are well on track with the things that they need to have completed by this point of the year.</p> <p>The Committee noted the progress to date and requested further update at a future meeting.</p> <p>ACTION: To have this item as an agenda item on future agendas.</p> <p>Primary Care Quality issues (Standing item)</p> <p>Julie Wilson updated the Committee regarding another new CCG Integrated Assurance Framework indicator which relates to primary care workforce. The CCG is rated 12th out of 195 CCGs nationally and 1st out of our Peer Group. The indicator is based on the workforce data submitted by practices and it adds together all direct patient care roles; GPs, nurses and 'other' clinical staff, which would include roles such as clinical pharmacists. The NHS England rationale for this indicator is that it is to provide a starting point as to whether the CCG has the right number of workforce. It was queried whether there is an optimum number; whilst it was felt that this wouldn't be the case, Julie Wilson agreed to check with NHS England.</p> <p>ACTION: Julie Wilson to check regarding optimum number.</p> <p>The Committee discussed how much this information could be taken as an indicator of the quality of care. It was noted that this would need to be viewed in the context of other measures that provide an indication of quality, e.g. QOF. There is already a dashboard which includes a range of indicators and helps to inform where support may be required and practice visits. It was agreed that an anonymised version of this will be brought back to a future meeting.</p> <p>ACTION: Dashboard to be shared with this Committee.</p> <p>The Committee noted the update regarding the IAF indicator for primary care workforce and requested further detail, as above.</p>	<p>KF</p> <p>JW</p> <p>JW</p>
<p>9.</p>	<p>OPERATIONAL</p> <p>Primary Care Counselling Services – new specification</p> <p>The purpose of the report submitted to the Committee has been prepared to provide an update regarding Primary Care Mental Health Services. The Primary Care Commissioning Committee was asked to note the content of this report and the proposal to take the decision for future commissioning arrangements to the Care Contracting Committee. The paper was taken as read.</p> <p>Julie Wilson highlighted that there are a number of primary care counselling services that exist, but these have not previously been linked to the IAPT service and a lot of work has been undertaken between the specialist service (NAVIGO) and those services to create a more co-ordinated approach and ensure IAPT data is being collected within the primary care service where applicable. There is a revised service spec for the delivery of primary care counselling services which ensures that services are IAPT compliant. The joint work has also included ensuring NAVIGO services are more integrated with local practices; many centres have IAPT staff co-located with them but there is still further work to do to achieve greater integration.</p>	

It is proposed that the primary care services will have a consistent specification and payment, but these arrangements need to go to the CCG's Care Contracting Committee for approval.

The Committee noted the work undertaken and the need for the commissioning arrangements to be agreed by the CCG's Care Contracting Committee.

10. Proposed merger of two Practices

A report has been submitted to the Committee to request that a decision is made to support a merger in principle, subject to consultation.

The CCG's Primary Care Commissioning Committee was asked to:

- Note the contents of this report
- Consider and confirm whether or not to support in principle the merger of the above two Practices

Julie Wilson informed members that Beacon Medical and Dr A Kumar have submitted a request to formally merge their two practices. The merged practice will retain a base at Stirling Street, and will offer a greater range of enhanced services to Dr Kumar's patients. The full consultation report will be brought back to this meeting for final approval once the consultation period is completed.

The Committee approved the merger in principle, subject to the full consultation.

11. Contract Variations (standing item)

There were no current contract variations to discuss.

12. Primary Medical Services Budget Summary (standing item)

The purpose of the report was to provide an update on the financial position of the budgets within the scope of Primary Care for both NELCCG & NELC. The Committee were asked to note the year to date and forecast financial position for the Primary Care budgets for the period ending 31st October 2018.

Laura Whitton talked to the paper and highlighted the following points to the Committee.

- A slight underspend for the year on the delegated budget from NHS England
- NELCCG Core allocation for Primary care – there is a larger underspend within this area which is linked to the delay of the shared care scheme, and to the fact that extended access did not rollout as early as expected, so the non-recurrent funding the CCG had identified ahead of the national funding being available was not needed.

A question was asked as to what happens to any underspend and it was noted that, for CCG core allocation spend, where there are no alternative plans for the funding then it is taken back into the CCG reserves to support pressures elsewhere. It was recognised that there is a need to understand why some of the planned schemes within primary care are not moving forward and identify ways of ensuring these are supported.

The Committee noted the budget position.

13. e-Referral System (eRS) & Patient Choice Enhanced Service

The paper had been circulated to provide an update to members on the development of the local enhanced service e-referral system and Patient Choice specification for Primary Care. The Committee was asked to:

- Note the update regarding the development of the local enhanced service

	<ul style="list-style-type: none"> • Approve the implementation of the enhanced service and associated proposed funding <p>Sophie Hudson talked through the main points of the paper; it has been designed to ensure consistency of approach in use of the eRS and offering patient choice. The specification has been discussed at various engagement meetings and is just being finalised. A copy of the latest draft is attached.</p> <p>A query was raised around the quality of referral information provided to patients. Philip noted that he has been part of a working group with NLAG looking at improving the information provided to patients both at the point of referral and when the referral is received by the trust. In particular a national leaflet that has been jointly prepared by NHS England, the British Medical Association (BMA) and the National Association of Patient Participation (NAPP) has been discussed. It is felt that this is a very helpful leaflet for patients but printed supplies are not provided directly to practices. It was queried whether providing patients with this leaflet should be included as a requirement within the enhanced service. Julie responded that there is a small amount available within the funding envelope which could be made available for printing copies of this leaflet which are then provided to practices. It was noted that this also links in to the contractual arrangements which the LMC, CCGs and NLAG are working on, as mentioned earlier. The leaflet would reinforce this.</p> <p>The Committee approved the implementation of the enhanced service and associated proposed funding, subject to amending the spec to include a requirement to issue leaflets to patients at the point of referral.</p>													
14.	<p>Action Summary Sheet – GP Provider Development (Standing item) The paper is shared for information. No questions were raised or comments made.</p>													
15.	<p>Any other Business None discussed.</p>													
16.	<p>DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee</p> <table border="0"> <tr> <td>29th Jan 2019</td> <td>11am to 1.30pm</td> </tr> <tr> <td>26th Mar 2019</td> <td>2pm to 4.30pm</td> </tr> <tr> <td>28th May 2019</td> <td>11am to 1.30pm</td> </tr> <tr> <td>30th Jul 2019</td> <td>2pm to 4.30pm</td> </tr> <tr> <td>24th Sept 2019</td> <td>11am to 1.30pm</td> </tr> <tr> <td>26th Nov 2019</td> <td>2pm to 4.30pm</td> </tr> </table>	29 th Jan 2019	11am to 1.30pm	26 th Mar 2019	2pm to 4.30pm	28 th May 2019	11am to 1.30pm	30 th Jul 2019	2pm to 4.30pm	24 th Sept 2019	11am to 1.30pm	26 th Nov 2019	2pm to 4.30pm	
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