

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE  
HELD ON TUESDAY 29<sup>th</sup> January 2019 11am to 2pm  
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
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
Geoff Day	NHS England
Erica Ellerington	NHS England
Rachel Singyard	Service Manager NELCCG
Kaye Fox	PA to Exec Office NELCCG, Note Taker
Sarah Dawson	Service Lead NELCCG

2 Members of the Public

**APOLOGIES:**

Stephen Pintus	Director of Health & Wellbeing, NELC
Joanne Hewson	Chief Operating Officer, NELC
Jan Haxby	Director of Quality and Nursing NELCCG
Dr Thomas Maliyil	Chair of CoM NELCG
Dr Ekta Elston	Vice Chair of CoM, NELCCG

<u>Ed</u>	<u>ITEM</u>	<u>Action</u>
1.	<b>APOLOGIES</b> Apologies were noted as detailed above.	
2.	<b>DECLARATIONS OF INTEREST</b> <b>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.</b> No declarations of interest were noted.	
3.	<b>MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 04 December 2018</b>  The minutes of the meeting held on the 4 December 2019 were agreed as an accurate record.	
4.	<b>MATTERS ARISING AND ACTION LOG</b>	

The Action log circulated for the meeting was taken as read, an updated version is attached for information.



Item 04 -  
2018-12-04 PCCC Act

## **GOVERNANCE**

### **5. Annual Review of ToR (for approval at March Governing Body)**

The Primary Care Commissioning Committee is required to undertake an annual review of the Terms of Reference, which will then be ratified by the Governing Body at the March 2019 meeting. The current Terms of Reference were approved by NHS England as part of the delegated commissioning approval process, and these were circulated with the meeting papers for information.

Reflecting on developments over the past year, two potential considerations for amendments to the Terms of Reference were discussed:

- Consider whether to amend the membership so that GPs input to discussion only, rather than being voting members.
- Subject to approval of the proposed sub Committee to be covered under Item 06 at this Committee meeting, amend the Terms of Reference to reflect the role of the sub Committee and its reporting and escalation to this Committee.

In relation to the first proposal, members were informed that the national model terms of reference for delegated commissioning allows GPs to vote as long as conflicts of interests are managed appropriately, although the national conflicts of interest guidance recommends that GPs do not vote. A review of decisions taken by the Committee over the past year demonstrated that the vast majority of decisions made by the Committee excluded the GP vote, in line with the conflict of interest requirements.

The Committee discussed the potential issues regarding GPs being allowed to vote versus not. It was noted that it is a more straight forward way of managing conflicts of interest if GPs do not have a vote. However, concerns were also raised that this might cause disengagement with GPs and their input could be diminished or lost if they are not allowed to have input in to decisions. It was also noted that it could still be perceived that there is a conflict of interest if GPs are in the room for the discussion but do not participate in the vote, as their input to discussion could be seen as having an influence. NHS E felt that ultimately the clinical input is most pertinent in relation to service changes and pathway redesign. One option could be for input to be sought prior to the Committee meeting. In some cases, other CCGs' Committees have input from retired GPs or GPs from outside of their own area, which is another potential option.

Julie Wilson reiterated that the current Terms of Reference are not out of line with national guidance and have been approved by NHS England during the delegated commissioning approval process, so there is no requirement to change them.

The Chair concluded that further discussion is required before a decision is made on whether to make this change to the Terms of Reference. It was agreed that Mark Webb and Julie Wilson would discuss further with NHS England and with the GP members, to understand their thoughts. In the meantime, it was noted that there should be very clear guidelines to assist the GPs when considering a conflict for each agenda item, and the Committee needs to ensure the recording of interest against each agenda item.

**ACTION: Mark Webb and Julie Wilson to seek further views regarding the issues raised above.**

**MW/JW**

In relation to the second proposal, it was agreed that this would be confirmed following discussion of item 6 at this meeting.

**6. Primary Care Commissioning Policy on Monitoring and Evaluation**

A paper to support this item had been circulated with the papers for the meeting. The paper describes a framework to pull together activities relating to the Primary Care Assurance process to support the CCG to meet its statutory duty relating to the quality assurance of Primary Care Medical Service provision. This includes the proposed introduction of a Primary Care Commissioning Policy on monitoring and evaluation.

The Primary Care Commissioning Committee was being asked to:

- Support the establishment of a Primary Care Quality and Performance Sub Committee to provide detailed oversight of quality and performance
- Note that the Primary Care Quality and Performance Sub Committee will report to the Primary Care Commissioning Committee and Clinical Governance Committee
- Support the introduction of the Primary Care Commissioning Policy on Monitoring and evaluation.

Rachel Singyard informed members that the proposed policy is similar to that in use within other delegated CCGs, and we would be putting this in place to formalise what we are currently doing. It is proposed that the Sub Committee would review performance using a dashboard approach. There will be planned contract visits for each practice, but this process could also trigger a visit. The sub-Committee would pull proposals together and bring information to this Committee to approve if any decisions in relation to contract actions are required.

A visit will be made to every Practice on a 2 year cycle; a questionnaire will be sent to the Practice prior to the visit for them to complete beforehand. Following the visit any issues will be flagged and a plan will be put in place which will be brought to this Committee meeting and would also feed in to the Clinical Governance Committee.

The following comments were made in relation to the proposed terms of reference for the Sub-Committee:

- It is strongly advised that any Sub-Committees should have a lay chair, so we would need to agree which lay member of this Committee that would be
- The Sub Committee would run bi-monthly, alternative months to this Committee to facilitate reporting
- The overlap with the Clinical Governance Committee was queried. It was noted that any quality or clinical governance concerns would be flagged to that Committee for their information and to support constructive challenge
- This Committee would also be expected to provide challenge, but would ultimately be responsible for any decisions
- It was queried whether there is already an existing group or Committee that is covering most of this and could pick up the requirements of this policy. It was confirmed that there isn't currently any existing meeting that is covering the requirements in the proposed level of detail.

Rachel Singyard talked through the proposed dashboard, and it was noted that:

- The dashboard provides an **indication**, but soft intelligence is also very important and the dashboard will be triangulated with other information

<p>7.</p>	<ul style="list-style-type: none"> <li>It was agreed that sensitive information that needs reporting to this Committee would first be taken to a closed meeting for discussion prior to agreeing any action. More detail for contractual decisions would go to the open meeting.</li> </ul> <p><b>Members agreed in principle to establish the sub-Committee, subject to agreeing the Chair.</b></p> <p><b>ACTION: Mark Webb to have a conversation outside this meeting to agree Chair of the Sub Committee.</b></p> <p><b>Delegated Commissioning Audit</b>  Julie Wilson provided a verbal update to members to advise that the delegated commissioning audit, as required through a national framework, is underway. No concerns have been raised so far and recommendations on the audit will be brought back to a future meeting.</p>	<p>MW</p>
<p>8.</p>	<p><b>STRATEGY</b>  <b>GP Forward View update</b></p> <p>Julie Wilson talked through a presentation provided to the Committee which provided an update on some of the initiatives within the local GP5YFV delivery plan.</p> <p>International GP Recruitment:  NHS E noted that there is a great deal of scrutiny on this from the central team currently. It was noted that a lot of the GPs that are currently interested in the scheme are still undergoing their GP training in Spain and they wouldn't be able to commence the scheme in the UK until they have qualified. Their first step for entering the English system is an English test, followed by formal assessment of clinical skills and an induction placement. The whole process can take up to 2 years.</p> <p>A question was asked as to whether any of the candidates from the previous year's taster weekend were intending to join the scheme formally and it was confirmed that 4 out of the 5 attendees are starting the process formally. However, a lot of the younger ones are keen to live in the larger cities.</p> <p>Online Consultation:  Erica Ellerington noted that the project only has continued dedicated project support for a limited time and we need to agree how the support will be provided after that point.</p> <p><b>ACTION: Julie Wilson and Erica Ellerington to discuss project support.</b></p> <p>A question was asked as to whether the various online tools for patients will be available in one place. The NHS App will eventually provide a portal through which these can all be accessed.</p> <p>It was noted that there is currently a pilot in place with a Care Home within NEL, to assist them in obtaining advice for their residents. NHS E also noted that the next development for the online consultation software is to have it available across a federation.</p> <p>Care Navigation:  It was noted that the Social prescribing service will be added from April 2019.</p> <p>Nothing further was discussed within this agenda item.</p>	<p>JW/EE</p>

**9. Primary Care Strategy and NHS Long Term Plan update**

Julie Wilson talked through a presentation, to provide an update on the refresh of the strategy and to highlight requirements of the NHS Long Term Plan.

It was noted that there is some work being undertaken on evaluation of the Clinical Pharmacist Scheme, for those practices who took part in the NHS England first wave scheme.

NHS E noted that the minor ailments schemes are due to be reviewed across the STP.

As the local Single Point of Access (SPA) provide the clinical assessment function for NHS 111, they will be directly booking GP appointments where this is deemed as appropriate following clinical assessment.

Frustrations with varying appointment systems and lack of pace in adopting best practice were noted by the lay members. It was felt that the developments within the GP contract would help support this.

It was noted that the Primary Care Networks could become the mechanism / framework for the CCG to commission enhanced services in future, where this is agreed as appropriate, and the Committee asked that this is added to the strategy as an intention.

The next step is to complete engagement and finish the Strategy by the end of March 2019. It was noted that there may be a need to revise elements of the strategy following publication of the detail of the GP Contract changes. In addition, there is work to do on developing a primary care strategy across the STP footprint by Autumn 2019 and this could result in some amendments. The Committee felt that the CCG should still aim to complete the strategy by the end of March, with an acknowledgment that changes may be required subsequently. The strategy should remain a live document.

**ACTION: Julie Wilson agreed to bring back a copy of the Primary Care Strategy for approval to the March meeting**

**JW**

**10. Extended Access update**

Sarah Dawson provided a verbal update to the Committee. The current arrangements are that an interim service is in place until the end of September 2019, which is delivered by the federations.

An extension of the interim service to March 2020 was decided by the Care Contracting Committee (CCC), as the CCG would like to ensure that the Extended Access service aligns, and integrates where appropriate, with local Urgent Care Services. The CCC also agreed that there would be an intention for these services to become part of the Integrated Care Partnership in the future.

NHS E noted from that from April 2019 there will be monitoring requirements to ensure that all the national access standards are met. The target for utilisation next year is 75% overall.

Data will be collected each month to show how we have achieved against all standards, and this data has already started to be collected.

**ACTION: A further update on Extended Access will be brought to a future PCCC meeting.**

**SD**

<p>11.</p> <p>12.</p>	<p><b>QUALITY</b></p> <p><b>Primary Care Quality Issues (Standing item)</b> There were no current issues to discuss with the Committee.</p> <p><b>Update on review of local Primary Care Schemes</b> Rachel Singyard had provided a paper for the meeting, and this was taken as read. The paper provided an update on further work undertaken for each of the local Primary Care Services commissioned by the CCG over and above core/essential services.</p> <p>The Primary Care Commissioning Committee was asked to:</p> <ul style="list-style-type: none"> <li>• Note the current position regarding each local scheme</li> <li>• Approve the proposal to transfer the management of the Immingham Assessment and Treatment Centre scheme and budget across to Unplanned Care</li> <li>• Approve the proposal to take the local Primary Care Schemes for a general review of the contracting approach to the CCC</li> </ul> <p>The Committee noted in particular:</p> <ul style="list-style-type: none"> <li>• The paper shows the update for each scheme and the proposed next steps, where appropriate</li> <li>• The Immingham Assessment and Treatment centre needs to be reviewed in light of the national Urgent Treatment Centre requirements and therefore sits best within the Unplanned Care remit. Approval was being sought to the proposal to transfer this across to the Unplanned Care team</li> <li>• Monitoring of data for these schemes is not in one place and is collected through various mechanisms. The CCG has been awarded funding from NHS E to develop a portal to ensure monitoring is done through one route, and it is hoped this will be completed by the end of April 2019. This will provide automatic reminders to notify practices when reporting is due and will enable to the CCG to get to a point whereby there is an automatic extract of information</li> <li>• The Chair reiterated that there had been a previous agreement that these schemes would be reviewed with a view to assessing whether they should be available across the whole population, where deemed to be of benefit and value. Where appropriate, services could be provided across networks to provide equality of access.</li> <li>• As some of the schemes have evolved over a number of years, the CCG's Care Contracting Committee (CCC) is being asked to review the contracting approach.</li> </ul> <p><b>The Committee noted the current position regarding each local scheme and approved both proposals.</b></p>	
<p>13.</p> <p>14.</p>	<p><b>OPERATIONAL</b></p> <p><b>Contract Variations (standing item)</b> It was noted that there were no updates this month.</p> <p><b>Primary Medical Services Budget summary (standing item)</b> Laura Whitton had provided a paper for the meeting which was taken as read. The points to note were:</p> <ul style="list-style-type: none"> <li>• Underspend against the delegated budget. The GP uplift had a contingency reserve, and this had been released</li> <li>• The Council services showed a slight decrease on underspend. It was queried whether this funding goes in to financial provision</li> </ul>	

	<ul style="list-style-type: none"> <li>GP Funding Allocations – The CCG has now received the initial indication of the Primary Care allocation for the next 5 years. NEL is deemed to have more funding than the calculated “fair share” over next 5 years. This means the CCG will receive a lower uplift compared to other CCGs. When making investment decisions, we will need to be mindful of this, and will need to work smarter around using non recurrent funding.</li> </ul> <p><b>ACTION: Jane Hyldon-King agreed to pick the Council funding underspend query.</b></p>	<b>JH-K</b>
<b>15.</b>	<b>Action Summary Sheet – GP Provider Development (Standing item)</b> The paper was shared for information. No questions were raised.	
<b>16.</b>	<b>Any other Business</b> No other business was raised.	
<b>16.</b>	<b>DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee</b>  26 <sup>th</sup> Mar 2019      2pm to 4.30pm 28 <sup>th</sup> May 2019      11am to 1.30pm 30 <sup>th</sup> Jul 2019      2pm to 4.30pm 24 <sup>th</sup> Sept 2019      11am to 1.30pm 26 <sup>th</sup> Nov 2019      2pm to 4.30pm	