North East Lincolnshire
Clinical Commissioning Group

CARE CONTRACTING COMMITTEE MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
HELD ON WEDNESDAY 20TH MARCH 2019
AT 9:00AM
IN THE BANQUETING ROOM, GRIMSBY TOWN HALL, GRIMSBY

PRESENT: Helen Kenyon, Chief Operating Officer (Chair)
Mark Webb, CCG Chair
Brett Brown, Contract Manager
Anne Hames, CCG Community Forum Representative
Eddie McCabe, Assistant Director of Contracting & Performance
Cllr Hyldon-King, Portfolio Holder Health and Wellbeing(attendee only)
Julie Wilson, (attendee only)
Caroline Reed, PA to Executive Office (Notes)

APOLOGIES: Christine Jackson, Head of Case Management Performance & Finance, focus
Jan Haxby, Director of Quality and Nursing
Laura Whitton, Chief Finance Officer
Bev Compton, Director of Adult Services
Dr Wilson, GP representative

Item		ACTION
1.	**Apologies** Apologies were noted as above. It was noted that this was an extra-ordinary meeting scheduled due to the large March agenda. It was noted that meetings will revert back to monthly with the exception of August.	
2.	**Declarations of Interest** There were no declarations of interest identified.	
3.	**Tier 3 Weight Management Service** A report was circulated for consideration. E McCabe provided an update: • The CCG is required to commission a Tier 3 service to prepare people for the possible Tier 4 service (bariatric surgery). The service provides psychological and dietary support for 12 months prior to surgery. HEYT delivered the Tier 3 service from 2015 until NLCCG gave notice. The service ended for referral in April 2018 and has been treating the last cohort of patients over the last year. A key issue was that patients did not want to travel to Hull. • NELCCG has been working with NLCCG to identify alternative providers. It was originally anticipated that the service would be delivered by CHCP; however this was stopped by Hull CCG due to backlog and capacity issues. These issues are ongoing. Discussions were held with Navigo; however they could only provide part of the service. ABL Health, specialist weight management services are providing the service in NL and could provide the service in NEL at a lower cost than CHCP. • Two GP practices have been approached as potential premises for the service. There would be no additional cost to the provider; the	

CCG would pick up the cost for heating, lighting etc. The provider will need to decide whether it would like to operate out of one or more locations.

- NLCCG are going through the procurement process but also collaborating with their Local Authority Tier 2 service. Other areas have combined their Tier 3 and 4 services. The latter would not be feasible in NEL as Hull only provide the Tier 4 service.
- There has been an increase in queries from GPs regarding referrals for the Tier 3 service. There are an estimated 60 people who would access the service; however a waiting list may need to be operated if the numbers were greater.
- If the CCG were to commission ABL Health for 12 months, the service would start from June 2019 and there would be a procurement exercise during the year.

The Committee provided the following feedback:

- The service would need to be accessible, ie, good public transport links.
- Has the Tier 3 service been a success, ie, has the Tier 4 service seen improved outcomes due to better patient preparedness via the Tier 3 service? It was agreed that Hull could provide this data as they do see patients for follow up after surgery. E McCabe to share the HEYT report with the Committee. **E McCabe**
- If the CCG procures the service for one year there would need to be a clear exit strategy for the provider. The procurement would need to commence in January 2020.
- It was agreed that discussions need to take place with NELC regarding the wellbeing service. It was noted that the Tier 3 service was instigated following failings that occurred in Tier 2 and 4 services.

The Committee agreed:

- **To approve to commission ABL Health for 12 months with a go live date of June 2019 and to then carry out a procurement exercise the year to validate the service and the costs incurred.**
- **That further work is required to evaluate the success of Tier 4 outcomes and to work through how the service better links in with Tier 2 service to provide ongoing support where appropriate post-surgery.**

4. Extended Access Update

A report was circulated for consideration. J Wilson provided a summary:

- CCC previously agreed to extend the current interim service until March 2020 to be delivered at federation level as one service. Following feedback from the federations, the requirement was reframed to specify what the CCG would like to see delivered rather than making the statement that this could only be delivered as one service. The federations were asked to provide a formal response by 8th March 2019. Federations have asked whether this deadline can be extended due to potential realignment as

Primary Care Networks (PCN). Proposals to become PCNs are due to be submitted to the CCG by May 15th 2019, with the aim of PCNs being in operation from 1st July 2019. A response regarding Extended Access would be provided by the end of May.

- The NHS Long Term Plan indicated that the £6 per head funding for extended access would be transferred to PCNs in the future. The GP contract document states that this funding will become a legal entitlement in 2021/22. Some CCGs are taking the decision to transfer that funding into the PCNs sooner, depending on when their existing contractual arrangements start. The GP contract in NEL comes to an end in 2021. CCC could consider transferring the extended access funding direct to PCNs as of October 2019 when the current interim service ends; however this may need to be considered once further guidance has been issued.
- The interim extended access service is due to end in September 2019.

The Committee provided the following feedback:

- Could GPs refuse to provide the extended access service? It was noted that they have a legal right to provide the service; however they are not obliged to provide the service. If GPs declined to deliver the service, the £6 would be taken back and used to procure a provider to deliver the service on their behalf.
- Proposal to strengthen the clarification of how the £6 is to be spent ie, minimum requirements to be met. It was noted that the national access review might result in a change to the minimum standards. It was agreed that the contract would need to be reviewed at that point.
- If an extension to the deadline is agreed, the federations/networks would need to work up a plan by July to outline how they would provide the service in the PCNs from 1st September. The CCG would need to get legal and procurement advice. If a plan is not agreed, the CCG would need to look for an alternative option.

The Committee agreed:

- **To support a revised deadline of the end of May 2019 for federations to respond to the request to consider extending the interim service and delivering the required outcomes. This will align the decision with the registration of the Primary Care Networks, given that there could be potential changes with the Federation make up.**
- **Federations to be asked to provide assurance that they will continue to deliver the service in the interim period** — **J Wilson**

5. Primary Care Strategy and Capacity

A report was circulated for consideration. J Wilson provided a summary:

- The CCG has been refreshing its primary care strategy over the past few months. It is due to be considered by the Primary Care Commissioning Committee (PCCC) on 26th March for approval. The Committee was asked to consider the strategy, specifically in relation to the question as to whether additional capacity is required. The CCG has received interest from a provider outside of

NEL to establish a new general practice within NEL on the basis that there is not sufficient capacity (mainly based on the measures of number of GPs per head of population and number of GPs eligible to retire). The provider has implied the potential for a challenge regarding the CCG's approach. The CCG confirmed that no decisions regarding additional capacity would be taken until the strategy work had been completed.

- There is not a simple calculation to demonstrate capacity; therefore a number of measures that provide an indication of capacity have been considered, including:
  - Ratio of GPs to population – 48 per 100,000 in NEL versus national average of 58 per 100,000
  - GPs aged 55 and over and eligible to retire - 33% in NEL versus a national average of 19.7%
  - Primary Care Workforce Measure - NEL is higher than the national average in this area due to work in recent years developing professional roles that support GP work. The direction of travel in the NHS Long Term Plan relates to building a broader workforce.
  - Experience of access (via National GP survey and patient group feedback) – experience of making an appointment has deteriorated, lower than national average rates for awareness and use of online services (making appointments, ordering repeat prescriptions and accessing medical records), feedback demonstrates frustration with some appointment systems and a growing desire for online / digital access to GP services (it was noted that this could include telephone access).
  - A&E attendances as a result of not being able to see a GP The national GP patient survey asked 'what did you do when you could not take the appointment offered' - 12% went to A&E versus a national average of 11%. The Healthwatch NEL survey undertaken in A&E showed 8 out of 104 people said that their GP was not available and a further 15 out of 104 said they sought GP or nurse input before attending A&E; however for the latter group does not state whether they were able to get an appointment but chose not to take it. This information is therefore less reliable than the GP patient survey.
  - Inequalities in access – the groups potentially most disadvantaged are carers, the homeless and those with long term conditions.
- Other sources of information were considered:
  - QOF scores are above national average, with the exception of 4 conditions (out of 19)
  - The NHSE primary care web tool demonstrates that there are no practices within NEL that are outliers in 5 or more indicators.
  - All practices, with the exception of one, have an overall CQC rating of Good.

    - Management of patients within primary care appears to be good, with lower than average referral rates to secondary care and lower than average non-elective admissions to hospital.
- Capacity in terms of the workforce is not the main issue; although there is an issue regarding number of GPs per head of population and impending retirement, however the CCG is working closely with practices to understand the potential impact and help to support plans to mitigate the impact. The main issue relates to access, in particular online and digital access; however initiatives are in place as part of the strategy to support these issues.
- It does not appear that there is a need to secure an additional practice specifically for the purpose of supporting the general practice workforce, however an improvement in methods of access is required. The GP contract changes should deliver a significant improvement by April 2020, but should this not be achieved the CCG would need to consider other options.

The Committee provided the following feedback:

- A&E attendance – concerns that a lot of people no longer attempt to access their GP due to previous bad experiences and go directly to A&E. Parents often take children to A&E without seeking an appointment via their GP.
- Healthwatch survey – did Healthwatch liaise with the CCG to seek guidance regarding appropriate questions to ask? J Wilson confirmed that they did not work with the CCG on this occasion but have agreed to work more closely with the CCG going forward.
- Concerns regarding a lack of awareness or ability amongst the local population regarding digital options within primary care. Concerns that certain groups, eg, the elderly could be left behind.
- NEL has a higher than average number of appointments; which has both positive and negative connotations linked to access.
- How many GPs would NEL require to meet the average 58 per 100,000 population? E McCabe advised that 17 additional GPs would be required. It was noted that the 58 figure is only a benchmark and that NEL has more support from community, nursing etc.
- It was agreed that an urgent conversation is required with GPs to seek assurance that capacity will not be reduced when they retire.. A market management strategy approach is required around maintaining numbers as a minimum but ideally increasing it by 5-10 GPs. If assurance cannot be provided, the CCG will need to look at increasing capacity.
- Would the provider who has expressed an interest in establishing a new general practice within NEL change the ratio of GPs? J Wilson advised that the ratio would not change as the provider has a call centre with GP access via telephone or online appointments.
- Proposal to amend the strategy to clearly define the key actions needed, eg, retirement support and assurance, GP recruitment, robust plans regarding improving access etc. A deadline of April

2020 to be set and if no improvement has occurred the CCG will need to look at alternatives.

- Further measures may be needed, eg, the capacity for people to be seen in their homes where appropriate. It was agreed that PCCC will be asked to determine which measures will be needed to demonstrate improving access.

The Committee agreed:

- **The strategy to be strengthened outlining the actions required and submitted to the March PCCC meeting.** **J Wilson**
- **PCCC to be asked to identify measures for the one year plan.**
- **If the situation has not improved by 2020, the CCG will need to take a view on the way forward.**

6. Primary Care Enhanced Services – Commissioning Approach

A report was circulated for consideration. J Wilson provided a summary:

- The locally commissioned primary care schemes that are additional to the core GP contracts are currently being reviewed. These schemes are taken to the PCCC on a regular basis and have been managed as though they are 'enhanced services', ie, linked to the GP practice list service provision, and have generally been rolled over / re-commissioned following review. PCCC agreed that it would be helpful for CCC to review the schemes in order to ensure that the contracting approach is appropriate. A number of the schemes have already been submitted to this Committee for discussion/approval.
- A number of the schemes are not directly linked to the registered list.
- There is a lot of legacy linked to some of the schemes. It has been agreed that when these are re-engaged there will need to be a pathway to go out to all Practices.
- Primary Care Mental Health Counselling - submitted to CCC for consideration and it was agreed that the service would be supported for one year and would then need to move to the ICP.
- Primary Complex and Chronic Care - commissioned at federation level currently, and was agreed by CCC as suitable for commissioning at this level prior to offering out the service.
- The PMS reinvestment principles, set by NHSE, specify that funding must be reinvested into general practice within the locality.
- Immingham Assess and Treat Centre - PCCC agreed that this should be transferred to unplanned care to ensure that it fits with the emerging integrated urgent care changes, and specifically the Urgent Treatment Centre requirements.
- Micro suction – proposal to undertake a mini-procurement prior to the contract ending in October 2019, as this could be delivered by other providers and is not linked to the registered patient list. There is the possibility of commissioning jointly across Northern Lincolnshire.
- Minor surgery - originally commissioned as a Directed Enhanced Service (DES) by NELCTP and subsequently became a local

scheme. There is a DES still commissioned nationally by NHSE, which primary care would have an entitlement to.

- Nursery Nurse and Children's Community Health Service - engagement is ongoing with the practice and NELC around ensuring this post aligns with current children's services arrangements.
- Skin cancer - currently under review and options are being explored for direct commissioning from the local Dermatology provider.
- Vasectomy – the improved specification and increase in price was agreed by CCC following research and market testing.
- Grimsby Practices In Partnership drug and alcohol service – this is a standalone NHS contract. Substance Misuse services are commissioned by NELC, but this element of the service has remained with the CCG for ease of contracting and payment. This is under review.

The Committee provided the following feedback:

- Those schemes which have the potential to move to the ICP will need to be scheduled into the CCC forward plan. **E McCabe / J Wilson**
- Micro suction – training and equipment is costly. Clarification would be needed regarding what the CCG can and cannot support in terms of mobilisation. A report to be submitted to CCC prior to the new procurement process. **Forward plan**
- Healthy Eating – should this be linked to the wellbeing service? It was agreed that consideration would be needed to be given to this.
- Minor surgery – request for a strategy overview; need to look at prior approval criteria and ensure appropriate level of rigour, eg, is the surgery clinically appropriate?
- Primary Complex and Chronic Care – needs to be reviewed in the light of the anticipated changes regarding PCNs.
- The schemes extended to 2021 will need to be reviewed using the following criteria: 1/ is it value for money, 2/ is it still needed in the same way? PCCC needs to build this into its processes.
- CCC will continue to consider any schemes that could be delivered by more than just general practice.

The Committee confirmed that the current approach was appropriate.

7. Items for Escalation from/to:

- **DAC**
- **Clinical Governance Committee**

There were no items for escalation.

8. Virtual agreements/ Chair's action

- **ASC fee uplifts - approved**

9. AOB

There were no items of any other business.

Date and Time of Next Meeting:
Wednesday 10th April, 9-11am, Lounge Bar, Grimsby Town Hall