

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)**

**ACTION NOTES OF THE MEETING HELD ON 08/06/2021 AT 11AM**

**MEMBERS PRESENT:**

Mark Webb NELCCG Chair

Philip Bond Deputy Chair, PPI member of Governing body

Stephen Pintus NELC Director of Public Health

Laura Whitton NELCCG Chief Finance Officer

Margaret Cracknell NELC Counsellor

Jan Haxby NELCCG Director of Quality and Nursing

**ATTENDEES PRESENT:**

Lezlie Treadgold NELCCG PA to Executive Office

Julie Wilson NELCCG Assistant Director

Rachel Barrowcliff NELCCG Service Manager

Sarah Dawson NELCCG Service Manager

Jo Horsfall NELCCG Finance Manager

Helen Phillips NHS England representative

Tracey Slatery Healthwatch NEL Delivery Manager

Rolan Schreiber LMC Representative

**APOLOGIES:**

Dr Elston NELCCG GP Clinical Lead

Dr Sinha NELCCG GP Clinical Lead

M Webb thanked members and attendees for attending today’s meeting and advised that the meeting will be live streamed to members of the public and recorded for administration purposes. There were no objections to live stream/recording of the meeting.

# APOLOGIES

Apologies noted above.

# DECLARATIONS OF INTEREST

There were no declarations of interest made in respect of todays agenda. It was noted that on-going declarations of interest stood for every PCCC meeting and were publicised on the CCG’s website.

# APPROVAL OF PREVIOUS MINUTES

There were no minutes to approve at todays meeting due to previous meetings being stood down.

# MATTERS ARISING

There were no matters arising from previous meetings.

# VIRTUAL DECISION LOG

The Committee formally approved all papers which were previously approved by the PCCC virtually via email.

# CHAIRS ACTION LOG

The Committee formally approved all decisions taken by M Webb/Risk Committee.

# IMPACT OF NHS CHANGES ON PRIMARY CARE

There are many changes Primary Care are facing at present including the development of the ICS and ICP. The CCG remains a statutory body until April 2022 and needs to enact its statutory duties accordingly. The Chair invited members to discuss their views on any challenges that these changes may have brought to Primary Care.

* P Bond voiced concerns that the transition period is narrowing, and we all need to be clear what will happen when the CCG ceases to exist.
* R Schreiber advised that Primary Care shares similar concern - there is a lot of uncertainty and a lot of information that we are all waiting on. The Primary Care Collaborative has been formed which represents Primary Care – the structure proposals are still being firmed up to how this collaborative will take form.
* It’s felt that there is currently no impact on day to day services – there is a small group of representatives who work with the CCG and LMC as part of their day job and will continue to do this.
* T Slatery added that in terms of the general public, the majority will be unaware of whether their services are commissioned by a CCG or an ICS. The public shouldn’t feel any impact from the changes that will be made.
* J Wilson advised that PCN clinical directors are asked to provide appropriate clinical representatives to participate in discussions regarding potential structures. To support this, as clinical staff are already being asked to commit their time to other pieces of work, Julie is trying to secure resources for a clinical lead and executive managerial lead to support in the engagement with local structures.
* H Phillips advised that Amanda Blow, the senior responsible officer for ICS, is looking at the transitional period which is expected to start from October and will present a more comprehensive update at the next meeting.

**ACTION: H Phillips to bring update from Amanda Blow to the next PCCC which looks at the transitional period in more detail.**

# PRIMARY CARE RECOVERY PLAN/RESPORATION OF SERVICES

S Dawson provided an update on the recovery and restoration of services following the COVID19 pandemic and the key priorities which were identified in the latest planning guidance (March 2021).

* H Phillips advised that a bid for half a million pounds has been submitted to the national ICS team to support health and wellbeing which includes addressing patients’ behaviours when accessing Primary Care.
* There is a working group within NHS E/I which is looking at whether the COVID booster can be combined with the flu vaccine to prevent patients making multiple journeys.
* Some work was carried out pre-pandemic regarding workforce planning which highlighted a third of GPs were at retirement age. Practices are planning in advance when they are aware retirements are coming up.
* S Pintus advised that demand on Primary Care is driven by those who seek help and asked is there was any outreach work to help those who are reticent to come forward. S Dawson advised that there is work taking place with Public Health regarding health checks and is trying to do more targeted outreach work.
* M Webb advised that its concerning to hear about the increase in abuse to practice staff. We should be doing all we can to support those members of staff and voice our intolerance and is pleased to hear about what’s being done about it.
* A discussion took place around online consultations and video appointments. Many practices have recognised the benefit to these types of appointments however there is still some work to do to around aligning the new digital workstream with the current staffing within practices.
* We do not want technology to be a barrier for people who need to access a service but do not have use or ability to access digitally. We need to be clear that there are alternatives to digital appointments for those who need them.
* Some surgeries are starting to make a note during regular contact with patients, whether they have access to digital resources or not – this practice could be shared with other PCNs to implement.
* M Webb suggested that one way to combat health inequalities is to strengthen Primary Care links with community providers such as the Collaboratives, who have easier access to many community groups.
* M Webb advised that Primary Care often appears to be the repository for long term waiters and asked if this is being taken into account as part of recovery plans. S Dawson advised this is being discussed within PCNs.

# FORWARD PLAN FOR FUTURE PCCC MEETINGS

From April 2022 the CCG will no longer exist and therefore the PCCC it its current format will no longer exist. The statutory obligation of the PCCC will transfer to the ISC. A discussion took place on what the PCCC should focus on between now and April 2022.

* S Pintus suggested a more assertive approach to ensure that a place focus on PCCC is retained and highlighted that although the CCG will no longer exist, all other members will remain.
* M Cracknell agreed and would support the PCCC retaining decision making locally.
* M Webb concluded that the PCCC would like to engage with both the ICP and the Primary Care Collaborative to discuss Primary Care commissioning and how this is being looked at, at a place base level.
* It was agreed that the PCCC would use the next 8 months to gain assurance that the population of NEL is not going to suffer as a result of all of the changes. Future PCCC agendas will be set with ICP and Primary Care Collaborative as substantive items, inviting reps from each to attend.
* To support the above piece of work, T Slatery agreed that Health Watch would carry out questionnaires to gain an understanding of how the community are feeling and any concerns they may have which will help shape the PCCCs last few months.
* M Webb confirmed future PCCC meetings will continue to take place via Microsoft Teams.

**ACTION: S Dawson/T Slatery/M Webb to work together to develop questionnaire**

# FOR ASSURANCE

1. Outsourced services received from PCSE, NHS Digital and NHS England around list management and Special Allocation Scheme

An outcome from the PCCC audit which took place last year was to gain assurance around the work carried out by Capital for NELCCG and NHS E/I. NHS E/I has been assured that they will receive an annual report however the timescales have been put back slightly due to COVID.

# FOR INFORMATION ONLY

The following papers were noted by the committee:

1. Budget Update
2. NHS E Update

# ITEMS TO ESCALATE TO THE GOVERNING BODY

There were no items raised for escalation to the Governing Body.

# DATE AND TIME OF NEXT MEETING

Tuesday 10th August 2021

11am-1:30pm