

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON TUESDAY 29th May 2018 11am to 1.00pm
AT CENTRE4, IN TRAINING ROOM 1**

PART A

PRESENT:

Mark Webb	NELCCG Chair
Geoff Day	NHS England
Julie Wilson	Assistant Director Programme Delivery & Primary Care NELCCG
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
Tracey Slatery	Health Watch representative
Dr Ekta Elston	Vice Chair of CoM, NELCCG
Dr Thomas Maliyil	Chair of CoM, NELCCG
Stephen Pintus	Director of Health & Wellbeing, NELC


IN ATTENDANCE:

Kaye Fox	PA to Executive Office, Note taker
Rachel Singyard	Service Manager NELCCG
Dr Rolan Schreiber	LMC Medical Secretary
Jo Horsfall	Finance Support Officer NELCCG

APOLOGIES:

Erica Ellerington	NHS England
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<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. Dr Elston and Dr Maliyil declared an interest in Agenda item 06d and 06e as GPs of Practices within NE Lincolnshire. Dr Elston also declared an interest in Agenda item 10 as a GP within Roxton Practice. The Chair agreed that Dr Maliyil and Dr Elston could stay in the room but would not be able to participate in any discussion/decision making for items 06d and 06e. Dr Elston would be asked to leave the room for Item 10.	
3.	MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 20th March 2018 The minutes of the meeting held on the 20 th March 2018 were agreed as an accurate record. The action list from the March 2018 meeting has been updated and circulated with the	

	<p>papers; members raised no further queries on the action sheet. It was noted that an update on ETTF was listed on the Agenda for today's meeting. A copy of the virtual decision log had also been circulated to members.</p> <p>The Committee agreed both the Action sheet and the virtual decision log.</p>	
4.	<p>MATTERS ARISING Update on ETTF – Rachel Singyard A paper has been circulated to members for information detailing the bids for funding against CCG ETTF monies.</p> <p>The Committee is asked to note the ETTF funding approved.</p> <p>Rachel Singyard informed members that at the meeting held in March 2018 it had been agreed to invite Practices/Federations to submit bids which met the criteria agreed at the previous meeting. This had taken place and a small sub-committee was convened (virtually) to look at the bids and assess against the agreed criteria. Two of these bids met the criteria and were approved. Practices have been sent confirmation of their approved funding for this year.</p>	
5.	<p>GOVERNANCE Ratification of Terms of Reference for Primary Care Commissioning Committee A copy of the Terms of Reference (ToR) for the Primary Care Commissioning Committee was included with the papers circulated for the meeting. The Committee were asked to accept/ratify these ToR.</p> <p>Julie Wilson informed members that the ToR for the Primary Care Commissioning Committee have been agreed with NHSE as part of the process for taking on delegated responsibility for Primary Care Medical Services, the ToR have already been signed off by the CCG's Governing Body. They have been brought to this Committee, as the first meeting of the Primary Care Commissioning Committee, for formal acceptance/ratification.</p> <p>Julie Wilson noted that since the paper had been prepared, it had been suggested that a CCG Quality team representative should be invited to be a member of the Committee as a voting member. The Chair asked if the members agreed with this and no objections were received. It was therefore agreed that a Quality team representative would be added as a voting member and the ToR would be amended to reflect this.</p> <p>The Committee asked that quoracy for meetings should be highlighted; if 4 voting members are in attendance the nominated Chair has the deciding vote.</p> <p>It was confirmed that papers and details of the meetings are uploaded on to the NELCCG website for members of the Public to access.</p> <p>ACTION: ToR to be updated to include Quality Representative as a voting member</p>	J Wilson
6.	<p>STRATEGY GP Forward View update a) GP International Recruitment Julie Wilson talked to the presentation (attached below)</p> <p> Item 06 abc - GPFV Update.pptx</p>	

Comments / Questions raised were as follows:

- It was suggested that it might be helpful to include other local organisations within the meet and greet sessions. It was confirmed that those invited to the meet and greet session currently include representatives from NHS England, the CCG, and Community representatives. An invitation would be extended to Council colleagues. The primary focus of the visit is for the applicants to get an understanding of GP Practices in the UK, but we also want to provide them with a very warm welcome and a good image of the local area.
- A question was raised regarding Visa issues. It was noted that nothing has been received from the national team which would suggest this will be an issue.
- It was suggested that the CCG considers any learning from a similar exercise some years ago when GPs from France were recruited and it was confirmed that the French GPs are keen to share their experiences. Julie agreed to arrange to seek their views.
- The new recruits will need to spend time training under supervision within a training practice. Not all practices wishing to recruit through this scheme are training practices, so we are looking at ways of supporting this through buddying training and non-training practices together. It was noted that it is important that the new recruits who do their training in a training practice understand what it would be like to work within the practice they will eventually join.
- The idea of forming and supporting a network of the people who start together would be a good way for them to socialise and support each other.
- It was confirmed that all interest from candidates is recorded and tracked by the recruitment agency that are supporting this process, and this is shared with the Programme Board at STP level. They are also providing very good pastoral support to potential candidates.

b) Online Consultation

Julie Wilson talked to the presentation (included within the above attached presentation)

Comments / Questions raised were as follows:

- We also need to promote self-care as much as possible, and the software we have procured supports this
- The software is called 'Engage Consult' and is provided by a company called WigglyAmps
- The procurement was undertaken across the STP footprint, but local practices were able to influence this through helping to shape the questions (based on what they would like to see from this software) for the potential providers to answer
- There were a number of providers already on a national framework, which had been accredited by NHS England, so our STP procurement was based on that framework. Practices on the north bank of the Humber were using a different package and have decided to switch to this one as the language is good and it integrates with primary care systems
- Webinar demonstrations have been arranged for Practices to join, but you can also visit the website and request a demo
- Concerns were raised regarding the capacity to respond within practices. It was noted that it is for each practice to determine what their model will be and how they will use it. There will be a soft launch during the rollout to support this
- This needs to be viewed as part of the overall system and CCGs should also consider how it fits as part of the urgent care pathway
- It was noted that all of the initiatives currently being rolled out should fit together, and should also align with the work being undertaken regarding advice and guidance across NEL

- A concern was raised regarding people who don't have the technology. This should not be seen as a 'one size fits all' and those who cannot use the online tool could also be supported by Care Navigation in the Practice, provided via the receptionist

c) Care Navigation

Rachel Singyard informed members that the training for Care Navigation has now been completed and a soft launch began from the week commencing 30th April 2018. All local Practices are participating.

d) 2018/19 GPFV Funding

Dr Elston and Dr Maliyil highlighted a declaration of interest in this agenda item. They remained in the room but did not participate in the discussion.

Julie Wilson talked to the paper that had been circulated for the meeting.

The Committee were informed that 2018/19 is year 2 of the GP Forward View plan that was approved by the committee last year. The investment in general practice remains broadly the same as set out in the original plan; only the breakdown of how the non-recurrent funding would be spent has changed slightly.

A question was asked as to whether there will be any impact of schemes that slipped in Year 1 into Year 2 and it was confirmed that this is not the case.

The Committee ratified the 2018/19 GPFV investments.

e) Update on GPFV Federation development monies

Dr Elston and Dr Maliyil highlighted a declaration of interest in this agenda item. They remained in the room but did not participate in the discussion.

Julie Wilson talked to a paper that had been circulated for the meeting.

The Primary Care Commissioning Committee was asked to:

- Note the progress made in 2017/18
- Approve the draft agreement for 2018/19

During 2017/18, 3 local federations have successfully developed their working arrangements and have collaborative services in place and/or planned. All 3 Federations have submitted individual end of year reports to the Primary Care team setting out their progress.

A copy of the 18/19 draft agreement for monies was attached for approval by the Committee. Federations are still being asked to produce a work plan, which covers some of the primary care requirements within the revised planning guidance, and an end of year report will be submitted from each of the Federations. Julie Wilson agreed to forward a copy to members if requested.

The Committee asked that a mid-year update and progress report be brought back to a future meeting.

The Committee approved the 2018/19 Draft GPFV non-recurrent Federation Development monies agreement

ACTION: Mid-year update from the Federations to be brought to a future

**J
Wilson**

meeting.

7. Update regarding Learning Disabilities Health Check Programme

Rachel Singyard informed the Committee that work has been underway between the CCG and the Local Authority to review all commissioning arrangements for Health Checks and ensure consistency and alignment. There is a plan to integrate the separate Learning Disability (LD) and Serious Mental Illness (SMI) Health Checks into one arrangement from next year, but for this year the focus is on improving the LD arrangements. The CCG is planning to put a request to NHS England to manage the LD health check commissioning locally, building the national requirements into a more detailed local specification. Practices will be encouraged to collaborate and share teams who can work more closely with the Care Plus Group LD staff. A formal paper is to be sent to NHS England to request this; once formal approval has been received a copy of the new specification will be circulated to Practices for agreement. It is hoped this will help to increase uptake as figures were low last year and there is a national requirement to increase uptake.

8. Extended Access update

Sarah Dawson had provided a paper which was circulated prior to the meeting. The Primary Care Commissioning Committee was asked to note the update for developing local arrangements for extended access to general practice, and to comment or provide feedback.

Sarah Dawson provided an update to the Committee as follows:

- Expressions of interest to deliver an interim service had been sought from the local Federations, to help further develop the specification prior to going out to procurement for the longer term service
- Expressions of interest have been received from all 3 Federations to take part, each delivering the service for their patient population
- Federations are working through the operational details and looking at how they manage appointments and share clinical records across practices
- The CCG is working with Pathlinks to look at extending their services to provide out of hours sample collections and pathology support
- IT support is currently only available in hours, so the CCG is working with the IT provider to help develop the service to provide evening and weekend cover
- Work has started with the local SPA to look at booking into extended access appointments
- Data collection / reporting requirements have been agreed
- The Care Contracting Committee has recently approved that the interim service will be for one year provide time to collect data and develop a final specification prior to going out to procurement next year

Questions / Queries that were raised included:

- A question was asked as to whether the Community Forum and PPGs have received updates. It was confirmed that the Community Forum have had a number of updates and the Federations will be further engaging with their PPGs as they develop their models
- A comment was made that the various initiatives being targeted at patients that we have heard about today – extended access, online consultation and care navigation – need to be linked together and described to patients as a whole package to improve access.

QUALITY

9. Update on Performance against 2017/18 Local Quality Scheme

Julie Wilson talked through a presentation (attached for information)



Item 09 - Local
Quality Scheme Upda

Comments / Queries that were raised included:

- There is a need to be clear on the methodology for clawing back any funding, in cases where outcomes have not been achieved and evidence is missing, and why that is the case. It was also noted that this should be consistent with approaches taken with other providers
- A view was expressed that non-achievement means no payment at all, but it was also queried whether evidence of effort to improve should be recognised, even if the outcome wasn't fully achieved
- It was agreed that any funding clawed back should still be reinvested into general practice quality, but directed by the CCG as opposed to the Federation having that freedom. The Federations should have the opportunity to gain this funding back and the actions required to achieve this should be clear
- It was noted that submission of evidence was still awaited and the decision regarding the funding would be taken after the deadline date. A small sub-group of this Committee would consider the evidence and make the final decision regarding the funding.

ACTION: A sub-group to be convened to consider evidence and make a decision regarding the funding, based on the principles above and in line with the wording within the agreement document.

J
Wilson

2018/19 Scheme

Information regarding ideas for the 2018/19 was shared and discussed. The Committee agreed that there shouldn't be a requirement to report line by line on how the money has been spent, as this is up to the Federations to agree as long as there is evidence of achievement.

It was noted that a meeting will take place on 18th June to agree the quality elements to be included and it was suggested that Public Health are included.

10. OPERATIONAL

Merger – The Roxton Practice & Drs Opie & Spalding (formerly Medi-Access Ltd)
Dr Elston highlighted a declaration of interest in this agenda item and left the meeting for this item.

A paper had been submitted and circulated for the meeting.

It was recommended that the Primary Care Commissioning Committee approve the:

1. Contract variation to include all partners of the Roxton Practice within the Drs Opie and Spalding Contract (formerly Medi-Access Ltd Contract)
2. Formal merger between Drs Opie & Spalding (formerly Medi-Access Ltd) and the Roxton practice lists.

The paper was seeking ratification of a decision previously approved by the JCCC for a contract variation to include Drs Opie and Spalding on the former Medi-Access Ltd Contract, with a view that Dr Amin would then remove himself from the contract. The Contract variation happened on the 1st April. Approval is now sought to include the other doctors from the Roxton Practice on to the Drs Opie and Spalding Contract (formerly Medi-Access Ltd) and to agree that a contract variation is agreed to formally merge the patient lists of Dr Opie & Spalding (formerly Medi-Access Ltd) with the Roxton Practice patient list to merge in to the Roxton Practice.

Consultation with patients and stakeholders has been completed. A full report was attached for information. It was noted that this report had also been sent through to the Health Overview and Scrutiny Panel and no questions/queries had been raised.

The Committee approved the Contract variation to include all partners of the Roxton Practice on the Drs Opie and Spalding contract (formerly Medi-Access Ltd) and to merge the two Practice Lists.

11. Contract variations (Standing item)

No further items to discuss.

12. Primary Medical Services Budget summary (Standing item)

Laura Whitton talked to the report that had been circulated for the meeting.

The Committee were asked to note the agreed budgets and financial position for Primary Care for the financial year 2018/19.

Laura Whitton informed the Committee that the paper is an overview of the financial allocation from the start of the year; there are slight changes to previous reports due to delegation. The report summarises the allocation.

Laura Whitton drew the Committees attention to the PMS premium funding from NHSE to CCG which is now included within the total delegated allocation, previously this element had been transferred from NHSE to CCG on an annual basis. is part of the total pot coming from a slightly different route than it did previously.

18/19 under-spend At beginning of year there is a small amount of reserve that has been set aside, monitor on-going spending to through-out year end. A large proportion of delegated budget is linked to contract payments so shouldn't be an issue. Risk assessment at 3-6 months, end of Qtr 1 re-assess & amend forecast on the reserve release money, this will be done in a phased way. Underspend for 17/18 has gone back to NHSE, we will have control this year.

It was agreed that a more in-depth report would be brought back to the meeting on a quarterly basis.

13. Primary Care Commissioning Committee Work Plan 2018/19

Julie Wilson presented a copy of a draft work plan for 2018/19 and explained that it covers everything required for delegation. The Committee was asked to approve the work plan.

The Committee approved the work plan.

14. Update on Mental Health Shared Care arrangements

Rachel Singyard informed the Committee that the CCG has been working with NAViGO to look at patients who are stable on mental health medication that could be taken back to be monitored by Primary Care through Shared Care Agreements. A new service specification is to be drawn up for 3 specific conditions / medication areas, and the guidance documents and pathways have been agreed.

It was noted that this had not happened as quickly as originally anticipated, due to securing agreement on the documentation and it was queried whether there was a financial pressure within NAViGO this year due to that delay. It was agreed that Laura Whitton, Rachel Singyard and Julie Wilson should meet outside this meeting to clarify how the risk is managed.

	The Committee were informed that the primary care scheme will be funded out of PMS premium reinvestment funding and that this has previously been agreed by the Committee.	
15.	INFORMATION Action Summary Sheet GP Development (Standing item) This had been circulated for information and no queries were raised.	
16.	Any other Business None discussed	
14.	DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee 31 st July 2018 2pm to 4.30pm 25 th Sept 2018 11am to 1.30pm 27 th Nov 2018 2pm to 4.30pm	