

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON TUESDAY 31st July 2018 2pm to 4pm
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 Slattery	Health Watch representative
Dr Ekta Elston	Vice Chair of CoM, NELCCG
Stephen Pintus	Director of Health & Wellbeing, NELC
Erica Ellerington	NHS England
Jan Haxby	Director of Quality and Nursing NELCCG

IN ATTENDANCE:

Kaye Fox	PA to Executive Office, Note taker
Rachel Singyard	Service Manager NELCCG
Dr Rolan Schreiber	LMC Medical Secretary
Keith Patterson	NHS England (for Agenda item 12)
Ian Reekie	Member of the Public

APOLOGIES:

Dr Thomas Maliyil	Chair of CoM, NELCCG
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<u>Ed</u>	<u>ITEM</u>	<u>Actio n</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. Jane Hyldon-King declared a declaration of interest in Item 09 as she is a patient at the Surgery.	
3.	MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 29th May 2018 The minutes of the meeting held on the 29 th May 2018 were agreed as an accurate record.	

4.	<p>MATTERS ARISING</p> <p>Matters arising:- Philip Bond highlighted an issue in respect of sharing records locally and the incompatibility of different systems, which he has been made aware of recently during discussions regarding the use of the Summary Care record. A question was asked as to whether CCG's should consider as part of any future procurement process with Providers that one of the conditions is that they use software that is compatible with systems already in place and that work across Trusts, as the quality of provision of healthcare could be affected. Julie Wilson stated that the CCG promotes the use of the summary care record, but this is separate to individual systems and does not affect providers' ability to select which system they use. It is understood that there are national requirements relating to compatibility of systems, but the exact requirements or stipulations would be checked and fed back at a future meeting.</p> <p>The Chair suggested that John Mitchell is invited to the next meeting to provide a general update on the digital roadmap which will include an update on Primary Care.</p> <p>ACTION: John Mitchell to be invited to the next meeting to provide a general update on the Digital Roadmap to provide an update on Primary Care.</p>	KF
5.	<p>GOVERNANCE</p> <p>Ratification of Terms of Reference for Primary Care Commissioning Committee</p> <p>The Terms of Reference for the Primary Care Commissioning Committee were formally ratified by the Committee at the May 2018 meeting. At that time the Committee agreed that the membership should be expanded to include a representative from the CCG's Quality and Nursing Team. This amendment has been made to the Terms of Reference and the final version has been circulated for approval.</p> <p>The Committee approved the amendment and the final version of the Terms of Reference.</p>	
6.	<p>STRATEGY</p> <p>GP Forward View update</p> <p>a) GP International Recruitment</p> <p>Julie Wilson provided an update to members on the recruitment taster weekend for North and North East Lincolnshire. Five candidates attended, 4 of which are in their final year of GP training and 1 is already qualified. The candidates were here from a Thursday through to a Sunday, during which time they had the opportunity to learn more about working in the NHS in England, understand more detail about the Induction and Refresher scheme that they would need to complete, experience a day in a local GP practice and meet local practice and NHS England staff, as well as other CCG representatives, including community reps. A tour of the local area also took place. The weekend evaluated well and the feedback received has shown that 3 out of the 5 are intending to start on the induction and refresher scheme after they qualify next May.</p> <p>As of the 29th July the number of contacts made regarding the recruitment scheme was 457. 328 have submitted an application, 211 are being assessed to make sure they meet the criteria to enable them to enrol on to the taster weekend. Some of the applications are from non EU Countries. Across the STP area we are looking for 65 GPs and it is looking as though we will be able to achieve this over the lifespan of the project</p> <p>Jane Hyldon-King had attended the event and stated that it was a good experience.</p> <p>It was noted that more work needs to be done for future events to ensure more practice reps are involved as the attendance at the meet and greet event was poor. A</p>	

suggestion was made that local GP Trainees should be invited to the next taster weekend event.

b) Online Consultation

Rachel Singyard updated that 2 Practices have set a deployment date for this year and a further 8 Practices who had said yes are yet to set a date. Three Practices have said they are not rolling out this year and the remainder of the Practices have not yet responded.

7.

STRATEGY

Primary Medical Services Strategy Update

Julie Wilson provided a presentation to members, which set out the detail of the previously agreed strategic direction for primary care. The aim of the discussion is to test out whether the CCG is still heading in the right direction. A copy of the presentation is attached for information.



Item 07 - Primary
Care Strategy Update

Comments made:

- Slide 5 – The pyramid of the various levels of service was still felt to be relevant, but the terminology needs to be updated
- Slide 5 – The Integrated Care Partnership would be delivering the top tier, as this requires the various professionals delivering a coordinated approach, with Community Services aligned around Federations, Practice and extended teams.
- Slide 6 - Local Commissioner expectations – the language needs updating to reflect the latest extended access requirements.

Keith Patterson NHSE joined the meeting at this point of the Agenda

- Slide 8 – Terminology of ACP needs to be updated to ICP
- Slide 9 – the Physio rollout was not moved forward in NEL. The STP is currently piloting this within the East Riding area and there might be something that we can learn from this pilot.
- Slide 9 - Clinical pharmacist – a number of local practices secured funding to support clinical pharmacist posts through the first wave NHS England scheme. The funding is time limited, after which the practices pick up the full salary costs.
- Slide 10 – Care Navigation is now in operation, allowing direct signposting from reception staff to services appropriate to patients' needs. We will be expanding the list of services for next year and will have the facility for referral straight to the Physio MSK service. Reporting is now being undertaken on Care Navigation and figures will be brought back to a future meeting.
- Slide 11 – GPFV Plan – Technology. The focus is currently on small scale refurbishments and/or extensions to the existing primary care centres. Since this was written, the NEL plan has been published, which sets out housing developments around various areas of North East Lincolnshire. A question was raised as to whether the revised strategy should include potential expansion to provide additional capacity in areas where the developments are planned. However, population growth figures don't currently show a large increase. It was noted that it is difficult to set out a plan for this when we don't currently know exactly what is being planned. The need to make best use of public estate was highlighted, and that as part of the 'Union' need to look at how we respond. It was agreed that a set of principles that we can work with to address potential facilities requirements would help make decisions around future developments.
- Slide 11 – Accessibility of Care record. It was noted that the CCG has low uptake of the summary care record, both in terms of capturing patients' consent to share

	<p>and viewing of the summary care record by providers. A lot of support has been offered to practices, but more needs to be done on this. It was felt that getting clearer messages out to the public could help to improve this, and we could use Accord members to support this.</p> <p>ACTION: Julie Wilson agreed to bring the current percentage of access to online records to the next meeting.</p> <ul style="list-style-type: none"> • Slide 13 – There has been a local practice manager development programme which is now coming to an end. The feedback on the programme has been positive, and the group have decided to continue to meet together and bring in their own speakers. • In terms of helping to manage workload, it was suggested that digital recorders that convert conversations to text could be tested out by practice staff to save on time. These are used in acute care. <p>Julie Wilson asked if the Committee members felt that the general direction is still valid and whether there are any gaps. It has been identified that we need to move further with the digital agenda and this needs to be built in to the strategy to enable people to self-care and avoid the need for using services as much as is safely possible. It was agreed that the Primary Care Strategy will be refreshed, to include engagement with stakeholders again, particularly with the local Practices.</p>	JW
8.	<p>QUALITY</p> <p>Approval of 2018/19 General Practice Local Quality Scheme</p> <p>A paper has been circulated for the meeting and was taken as read</p> <p><i>Dr Ekta Elston declared a declaration of interest in this item as Dr Elston has an operational interest, It was agreed that Dr Elston would stay in the room but not participate in discussions.</i></p> <p>The Committee was asked to consider the content of the attached and approve the 2018/19 Local Quality Scheme for General Practice.</p> <p>Julie Wilson informed Members that the latest draft of the 18/19 agreement has been circulated for discussion and approval.</p> <p>The proposals have been developed in conjunction with the CCG's Quality Team and have been discussed at the GP Development Group and shared with Federation leads for comment.</p> <p>Comments/Queries made:</p> <ul style="list-style-type: none"> • Mortality Reviews – It was suggested that a range for the number of reviews to be completed should be included, rather than a minimum number. Infection Prevention and Control – a link to the impact on prescribing should be included. • Mortality Reviews – if there are specific themes that the CCG is already aware of then they should be specified. Julie clarified that a template form has been created by the Quality Team as to what we will want to see. • Referral Management – Federations are expected to work together to review data regarding referral patterns. Evidence that they have worked on this together is mandatory, and all Federations will be required to present findings at one of the protected learning sessions. <p>The Committee approved the 2018/19 Local Quality Scheme for General Practice, once the additions that have been noted are included.</p>	

<p>9.</p>	<p>OPERATIONAL Point of Care Testing – Joint Federation Proposal <i>Dr Ekta Elston declared a declaration of interest in this item as Dr Elston has an operational interest, It was agreed that Dr Elston would stay in the room but not participate in discussions</i></p> <p>A paper had been circulated for the meeting and was taken as read</p> <p>The Committee is asked to note the contents of the business case and the accompanying considerations of the CCG before making a decision whether to support implementation of the service.</p> <p>Rachel Singyard talked through the paper and informed members that the 3 Federations have submitted a joint proposal for the CCG to review – ‘Point of Care testing’. The CCG would want to encourage this as it does demonstrate their willingness to collaborate; however there were some queries to be addressed before this could be approved. The CCG have asked the lead Manager for further information on costings for drugs and what process they would adopt to procure best value for money for the equipment required. As of today the CCG have not received a response. Based on the current figures, the CCG doesn’t believe that this will be self-funding, so it would deliver a quality improvement, rather than financial savings.</p> <p>NHS England suggested including this within the capital ‘business as usual’ bid process; this would need to be done quickly as there are deadlines for submission. Rachel Singyard stated that there are unintended benefits with the proposal, Nurses and Nurse Prescribers will be able to undertake the testing which will free up the GPs and should help to reduce the number of repeat attendances.</p> <p>The Chair noted that Members are not going to be able to make a decision due to the further data required, and the decision cannot be taken virtually. The response to the Federations needs to be explicit to say that we are supportive but in order for the Committee to be able to take a decision further evidence is required.</p> <p>ACTION: Rachel Singyard to respond back to the Federations stating that the Committee supports this in principle but requesting clarification on the queries raised.</p>	<p>RS</p>
<p>10.</p>	<p>OPERATIONAL Enhanced Service for e-referral and Patient Choice Julie Wilson provided a verbal update regarding plans for a new enhanced service to support the use of the e-Referral system and patient choice offer within general practice.</p> <p>As of October this year there is a national ‘paper switch off’ programme which will mean that all eligible referrals to consultant-led first outpatient appointments will need to be made via the national electronic referral system (eRS). There is a contract requirement for both Trusts and practices to use the system from 1st October. The eRS is already in use within practices, but anecdotally there is intelligence to suggest that not all patients are offered choice or being offered their own choice of date and time of appointment that is suitable for them. The proposed enhanced service would require practices within Federations to work together to provide a consistent eRS support and patient choice booking service so that there is always somewhere for patients to call for advice. It is not always possible for individual practices to have members of staff available throughout the day to do this.</p> <p>The draft specification is being drawn up and engagement work with Patients and Practices will take place over the next 2 to 3 months. It was suggested that Healthwatch</p>	

	<p>could be engaged to support this as they may be able to undertake a piece of work asking questions in a clinic setting as to whether patients were offered choice.</p> <p>An update will be brought back to a future meeting. ACTION: RS to update at future meeting</p>	RS
11.	<p>OPERATIONAL Primary Medical Services Budget summary (standing item) A paper had been circulated for the meeting and was taken as read. Laura Whitton provided members with an overview of the paper and drew attention to the following points:</p> <ul style="list-style-type: none"> • Confirmed allocations have now come through • Received additional funding of £230,000 which is linked to the implementation and roll out of 5 Year Forward View • There is a small amount of underspend year to date but we are expecting to achieve a break-even position across all the Primary Care budgets within the scope of NELCCG. • There is a small amount of variance for Council expenditure. 	
12.	<p>OPERATIONAL GP Premises Rent Reimbursement Process A paper had been circulated to members and was taken as read.</p> <p>The Committee were asked to:</p> <ul style="list-style-type: none"> • note the explanation of the GP Premises rent reimbursements. • agree to adopt the process as detailed in the decision-tree diagram • agree whether all rent appeals/disputes and decisions associated with these are to be considered by the Committee or if this can be delegated to responsible CCG officers <p>Keith Patterson, NHSE talked through the main points of the paper and informed the group that he was happy to pick up any specific queries outside the meeting.</p> <p><i>Jan Haxby left the meeting at this point</i></p> <p>The Committee agreed to adopt the process as detailed in the decision tree diagram and also confirmed that it didn't need to be brought back to each Committee meeting.</p> <p>The Committee noted the explanation of the rental reimbursement process and agreed the principles for future approval as described within the attached paper.</p> <p>The Committee then considered a number of specific requests from local Practices:</p> <p>In respect of Greenlands Surgery, the Committee were asked to consider the following:</p> <ul style="list-style-type: none"> • If the increased rental amount from £8,860 to £10,500 (as recommended by the District Valuer), should now be reimbursed in full to the Practice. • If agree to reimburse, what date this should take effect from, e.g. from the date the District Valuer undertook the valuation or from today's date. <p>The Committee agreed to the increased value and that the difference in the rent reimbursement should take effect from the 1st August 2018.</p> <p>In respect of Stirling Medical Centre the Committee was asked to</p> <ul style="list-style-type: none"> • Agree to the increase of £3,234 inc. VAT as from 1st April 2018. It should be noted that the backdated amount prior to this will be the responsibility of NHS 	

	<p>England</p> <p>In respect of Cromwell Road Medical Centre , the Committee was asked to</p> <ul style="list-style-type: none"> • Agree to the increase of £3,833 inc. VAT as from 1 April 2018. It should be noted that the backdated amount prior to this will be the responsibility of NHS England. <p>The Committee agreed that the increase for both Stirling Medical Centre and Cromwell Road Medical Centre is to be backdated from the 1 April 2018 and the decision to backdate the amount prior to this date to be ratified by NHSE.</p>	
13.	<p>Contract Variations (standing item)</p> <p>Nothing further to discuss under this item.</p>	
14.	<p>INFORMATION</p> <p>Action Summary Sheet GP Development (Standing item)</p> <p>A copy of the paper had been circulated for the meeting and was taken as read</p> <p>Julie Wilson informed the members that there were no particular issues that needed to be brought to the Committee's attention.</p> <p>No further discussion took place.</p>	
15.	<p>Any other Business</p> <p>The Chair thanked the member of the public for his attendance and informed him that he was the first member of the public to attend one of these meetings and asked if he had any questions. Ian Reekie (member of the public) highlighted the inequalities of healthcare in relation to 'choice' and noted that the proposed new enhanced service should look to address this.</p>	
16.	<p>DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee</p> <p>25th September 2018, 11 am to 1.30 pm</p> <p>4th December 2018 2pm to 4.30pm</p> <p>DATES FOR 2019 – venue to be confirmed</p> <p>29th Jan 2019 11am to 1.30pm</p> <p>26th Mar 2019 2pm to 4.30pm</p> <p>28th May 2019 11am to 1.30pm</p> <p>30th Jul 2019 2pm to 4.30pm</p> <p>24th Sept 2019 11am to 1.30pm</p> <p>26th Nov 2019 2pm to 4.30pm</p>	