North East Lincolnshire
Clinical Commissioning Group

MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON TUESDAY 6 November 2018 11am to 12noon
AT CENTRE4, IN TRAINING ROOM 1

PART A

PRESENT:

Mark Webb	NELCCG Chair
Tracey Slattery	Health Watch representative
Stephen Pintus	Director of Health & Wellbeing, NELC
Chris Clarke	NHS England (representing Geoff Day)
Saskia Roberts	Humberside Group of LMCs
Julie Wilson	Assistant Director Programme Delivery & Primary Care NELCCG
Laura Whitton	Chief Finance Officer NELCCG
Chris Clarke	NHS England (Representing Geoff Day)
Dr David Elder	GP (Representing Dr Maliyil)
Dr Ekta Elston	Vice Chair of CoM, NELCCG

IN ATTENDANCE:

Kaye Fox	PA to Executive Office, Note taker
Rachel Singyard	Service Manager NELCCG
Sarah Dawson	Service Project Lead

APOLOGIES:

Dr Thomas Maliyil	Chair of CoM, NELCCG
Cllr Jane Hyldon-King	Portfolio Holder for Health, Wellbeing and Culture
Geoff Day	NHS England
Phillip Bond	Deputy Chair, PPI member of Governing body
Erica Ellerington	NHS England
Jan Haxby	Director of Quality and Nursing NELCCG
John Berry	Quality Assurance NELCCG
Jo Horsfall	Finance Support Officer NELCCG

Ed	ITEM	Action
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 Ekta Elston and Dr David Elder declared an interest in Agenda item 07 - Fieldhouse	

	temporary list closure extension, as GPs of other Practices within North East Lincs.	
3.	**MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 25th September 2018** The minutes of the meeting held on the 25th September 2018 were agreed as an accurate record.	
4.	**MATTERS ARISING AND ACTION LOG** The Action log circulated for the meeting was taken as read. **ACTION: Kaye Fox to chase Steve Pintus for an update against his action.** **Virtual decision log** – The Committee were asked to note that the virtual decision for Chantry Health Group to change their boundary was approved by members.	
	GOVERNANCE No items to be discussed.	
5.	**STRATEGY** **Primary Care Strategy update**. ***Dr David Elder and Steve Pintus joined the meeting at this point*** Julie Wilson talked to the attached presentation.  Item 05 - PCCC Primary Care Strateg Julie Wilson informed members that a presentation had been provided to CoM last week, and was due to be discussed at the Community Forum tomorrow, as part of the on-going engagement in the refresh of the strategy. Julie explained that this presentation is based on the latest draft document. The full document has not been circulated as yet, but this will be shared when it has been updated following further engagement and feedback. The Committee were invited to comment during the presentation of the slides. The main points discussed were: • Objectives (slide 4) – It was agreed that quality needs to be incorporated into the objectives • Pyramid (slide 5) – A question was asked as to whether there needs to be explicit reference to where Urgent Care sits and the role of General Practice within the system. Julie noted that this was a discussion point on a later slide • New models of care (slide 8) – It was recognised that there needs to be greater understanding of the population needs, based on public health data, in order to ensure that services and pathways are planned effectively and delivery sits at the right level. For example, the numbers of patients in need of a specific service, and the availability of workforce / skills, should generally dictate whether delivery is best at individual practice level, federation level (30,000 to 50,000) or across NEL in order to ensure quality and sustainability. There also needs to be consideration of future needs. It was noted that currently the population is being segmented by disease, but we need to look at segmenting in to age bands to enable planning. We also need to be aware that people's expectations are different; for example the service a 65 year old expects today will be different to the expectations of a 65 year old in 10 years' time. • New models of care (Slide 8) – A query was raised regarding the use of the term 'Primary Care Home', as this is quite specific. If the strategy is about delivery of care across networks, based around the practice / federation list size, then the	

	term Care Network may be more appropriate. The term 'at scale' was also picked up; this needs to be consistent with current terminology • Premises (slide 9) – There had been previous discussion at this Committee regarding the potential for additional premises, dependent on housing growth. This slide was aiming to set a principle in relation to this. It was queried whether there are health needs assessments undertaken for general practice, as there are for Pharmacy provision. This isn't the case currently. • Improve access (slide 10) – General practice reps reflected that they don't currently feel clear about priorities and what the commissioner requires of GPs right across the system (not just core practice); it was felt that if this was clearer then this would influence the workforce training requirements and where GP time should be focused. The refreshed strategy needs to make it clearer what is required. It was noted that during the discussion at CoM, the conversation kept coming back to capacity, and whether we have sufficient capacity to cope with the current demands on general practice, including the evolving requirements in relation to urgent care system developments. The Committee acknowledged that even when the requirements are clearer, it may still be the case that additional capacity needs to be created, but there were mixed views on whether this could be achieved through different ways of working or whether additional (external) capacity was also required, or a mixture of the two. Additional capacity could be brought in to backfill where the gap is, but it was noted that bringing in additional capacity without additional funding will have an impact elsewhere in the system which would need to be managed. The requirements for additional capacity will be further developed as the engagement on the strategy progresses and the requirements right across the system become clearer as the work on the urgent care system developments evolves • Investment (slide 11) – It was noted that the terminology needs to be amended to replace 'at Scale', as discussed in relation to a previous slide • Feedback so far (slide 12) – It was noted that the CCG are behind on some initiatives but ahead on others; this is the same for most other areas. Healthwatch are undertaking a piece of work looking in to online options and the level of public awareness and their expectations. It was suggested that another level be added below the current bottom level on the pyramid slide which focuses on self-care; there appears to be a concern in general practice that 'shift to the left' means that everything is going to stay at the GP level, but we need to look at what others can do. It was agreed that the strategy should cover all of primary care and should have more explicit and detailed reference to the role of the other primary care contractors, i.e. pharmacy, dental and ophthalmic. There needs to be something explicit within the strategy relating to digital options to support self-management, specifically apps, if this is part of our 'shift to the left'. It was acknowledged that a lot of resource will be required to support patients and staff to help patients to use these apps. There should also be a recognition of the role of Carers in supporting people with long term conditions. More engagement is needed to understand why Practices and/or federations have not adopted new initiatives and why some of them are taking longer than expected to get started. This will form part of the engagement on the strategy • Next steps – A question was asked around the relationship of the Strategy to the ICP. The ICP should be primary care driven if we are thinking about 'Neighbourhood'/care networks, and we need to ensure that the ICP development is reflected in this document; the strategy should shape what the ICP needs to respond to, and this should be reflected within the CCG's commissioning intentions.	
6	**QUALITY** **New CCG Integrated Assurance Framework Measure**	

Provision of high quality care: Primary Medical Services (121b)
Julie Wilson talked through the attached presentation, which was being provided to make sure the Committee members were aware of this new measure that now forms part of the CCG's assurance process.

Item 06 - CCG IAF Indicator 121b.pptx

The following discussion points were raised:

- A query was raised as to whether the CCG understands what the themes are in areas where practices are rated 'requires improvement'. These generally relate to the 'safe' domain and are mainly about issues such as the ability to evidence staff training records, pre-employment checks, how often a DBS is undertaken, etc. It was noted that these are usually relatively easy areas to put right
- Some practices had fed back that there had been inconsistencies between the different assessors; any issues flagged by practices have been picked up with the CQC
- In the cases where practices are rated 'requires improvement' the CCG will work with them to help put in place the improvements before the re-inspection takes place
- The presentation proposes that additional support on achieving 'outstanding' will be provided. It was noted that the work undertaken with practices regarding quality needs to link back into the strategy document
- The score associated with this measure will change as practices are inspected if their rating changes. The CCG can work with practices in advance of their CQC inspections to help readiness and to share best practice.

7. **OPERATIONAL**

Fieldhouse temporary list closure extension

Dr David Elder and Dr Ekta Elston both declared an interest in this item and left the meeting at this point in the Agenda.

The Committee is asked to consider the report and support a recommendation for an extended list closure period. Rather than agreeing to the 12 month period, this could be supported for 6 months, or shorter if actions are delivered sooner.

The CCG's Primary Care Commissioning Committee was asked to:-

- Note the contents of this report
- Consider and confirm whether or not the practice's application, to close its list for a further period of 12 months, is to be supported
- In the event that the PCCC decides NOT to support a 12 month extension of the current list closure period, to consider and confirm whether or not a 6 month extension period is to be supported

Rachel Singyard provided the members with background information relating to the paper submitted for the meeting.

Back in April 2018 Fieldhouse requested a closure to their Practice list for a 12 month period; at that time the Committee approved the closure for 6 months and for an action plan to be in place. A number of meetings have been held with the Practice during this time to review how things are going. As some actions have taken longer than expected to achieve, following the most recent meeting the practice submitted an application to extend the list closure for a further 12 months. The CCG and NHS England are happy

	that the practice has done what they can to progress the actions and the progress they have made is very positive. The Committee were therefore asked if they would allow the list closure for a further 6 months to allow some of the actions to be completed and for changes to become embedded. The Committee members were also asked to note that the practice's CQC rating following re-inspection is now 'Good', showing an improved rating. **The Committee approved the extension to temporary list closure for a further 6 month period.**	
8	**Action Summary Sheet – GP Provider Development (Standing item)** Paper circulated for information	
9.	**Any other Business** None discussed	
10.	**DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee** **4th December 2018 2pm to 4.30pm** **DATES FOR 2019 – venue to be confirmed** **29th Jan 2019 11am to 1.30pm** **26th Mar 2019 2pm to 4.30pm** **28th May 2019 11am to1.30pm** **30th Jul 2019 2pm to 4.30pm** **24th Sept 2019 11am to 1.30pm** **26th Nov 2019 2pm to 4.30pm**	