

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE  
HELD ON TUESDAY 24<sup>th</sup> SEPTEMBER 2019 – 11am to 1.30pm  
AT CENTRE4, IN TRAINING ROOM 1**

**PART A**

**Present:**

**Voting Members:**

Laura Whitton	NELCCG Chief Finance Officer
Phillip Bond	Deputy Chair, PPI member of Governing body
Jan Haxby	NELCCG Director of Quality and Nursing
Dr Ekta Elston	Medical Director, NELCCG
Stephen Pintus	Director of Health and Wellbeing, NELC

**Non-Voting Members:**

Saskia Roberts	Medical Director, Humberside LMCs
Tracy Slattery	Delivery Manager, Healthwatch North East Lincolnshire

**In Attendance:**

Helen Askham	NELCCG PA to Exec Office
Jo Horsfall	NELCCG Finance Support Officer
Julie Wilson	Assistant Director, Programme Delivery & Primary Care, NELCCG
Geoff Day	NHS England representative
Rachel Barrowcliff	NELCCG Service Manager, Service Planning and Redesign
Erica Ellerington	NHS England representative
Sarah Dawson	NELCCG Service Manager

	<b><u>ITEM</u></b>	<b><u>Action</u></b>						
1.	<b>APOLOGIES FOR ABSENCE</b> Voting Members: Cllr Cracknell, Mark Webb  Non-voting members: N/A							
2.	<b>DECLARATIONS OF INTEREST</b> 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.							
	<table border="1"> <thead> <tr> <th>Name</th><th>Agenda number</th><th>Nature of Interest and Action Taken</th></tr> </thead> <tbody> <tr> <td>Philip Bond</td><td>9</td><td>Mr Bond is the Chair of the Patient Participation Group of the practice that was discussed. Mr Bond remained in the meeting, but did not comment.</td></tr> </tbody> </table>	Name	Agenda number	Nature of Interest and Action Taken	Philip Bond	9	Mr Bond is the Chair of the Patient Participation Group of the practice that was discussed. Mr Bond remained in the meeting, but did not comment.	
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		Dr Elston	13	Dr Elston is a Partner in a local GP practice. Dr Elston remained in the meeting, but did not comment.	
		Dr Elston	15	Dr Elston is a Partner in a local GP practice. Dr Elston remained in the meeting, but did not take part in the decisions.	
3.	<b>MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 30<sup>th</sup> July, 2019</b> The minutes of the meeting held on the 30 <sup>th</sup> July 2019 were agreed as a true and accurate record.				
4.	<b>MATTERS ARISING AND ACTION LOG</b> The action log circulated for the meeting was updated as per attached.				
	<b>GOVERNANCE</b>				
5.	<b>TERMS OF REFERENCE REVIEW</b> The Committee were asked to undertake an annual review of the Terms of Reference. This is taking place earlier than in previous years due to the CCG currently being in the process of developing its revised model constitution.  It was noted that discussions had previously been held regarding whether GPs should continue to be voting members of the Committee. This was agreed to continue as long as all Conflicts of Interest were managed and recorded appropriately. The Committee were updated that an informal sub-group had now been established to oversee primary care performance and quality, and items will be escalated to this meeting accordingly.  <b>Resolved</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>The Committee members ratified the Terms of Reference</b> </div>				
	<b>STRATEGY</b>				
6.	<b>PRIMARY CARE STRATEGY UPDATE</b>  PCN Development Update:  The Committee were updated that NHSE/I have committed funding for PCN development, with just over £1m allocated for 2019/20. This is non-recurrent funding. It was noted that this is totally separate to the national funding for PCN staffing for specific additional roles, and a query was raised as to how long that funding is for. Currently it is for 5 years, so PCNs will be appointing to permanent positions, accepting a risk that the funding in place currently only runs to March 2024. It was noted that one of the main concerns is being able to find the workforce to fill the available positions.  Ambitions for the PCNs for 5 years' time, as set out within the NHSE/I prospectus, were outlined as: <ul style="list-style-type: none"> <li>• First, stabilised general practice , including the GP partnership model</li> <li>• Second, helped solve the capacity gap and improved skill mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers</li> <li>• Third, become a proven platform for further local NHS investment</li> </ul>				

	<ul style="list-style-type: none"> <li>• Fourth , dissolved the divide between primary and community care , with PCNs looking out to community partners not just in to fellow practices</li> <li>• And fifth, systematically delivered new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.</li> </ul> <p>The CCG are working with the PCNs in order for them to be ready to deliver new national service specifications from April 2020. A prospectus and maturity matrix has been issued by NHS E&amp;I to support the process, with an expectation of development plans being prepared. PCNs are working through the maturity matrix at their meetings and the CCG has offered support in completing this.</p> <p>The Committee noted that there needs to be an understanding of what is already happening in the system and the CCG should feedback to PCNs on this. It was also queried how PCNs will fit into existing governance arrangements; this is being considered and will need to be developed as PCNs evolve.</p> <p>All PCN development plans are due to be sent to the CCG for review by 25<sup>th</sup> September 2019 and are due for submission to NHSE/I by 30<sup>th</sup> September 2019.</p> <p>A meeting due to be held on 24<sup>th</sup> October 2019 will bring together PCNs with Community providers to begin discussions regarding alignment. Community engagement will be a priority in progressing development of services at PCN level, and it is a key feature within the maturity matrix assessment.</p> <p>The Committee were also updated that the CCG are working with Public Health colleagues regarding the development of a population health management approach.</p> <p><b>Resolved</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members noted the update regarding the Primary Care Networks.</b></p> </div>	
7.	<p><b>UPDATE ON REVIEW OF LOCAL PRIMARY CARE SCHEMES</b></p> <p>A verbal update was provided by SD, noting that all members of the team involved are continuing to work on reviewing local primary care schemes. They are currently being considered as to whether they are suitable for being offered at a PCN level. A paper will be brought to the November meeting for consideration.</p> <p><b>Action: An update will be provided at the November meeting.</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members noted the information provided.</b></p> </div>	SD
8.	<p><b>PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL</b></p> <p>A paper was presented to the Committee to update members following the 2019 changes to the Primary Medical Care Policy and Guidance Manual. The paper was taken as read.</p> <p>This manual brings all policies together regarding management of GP contracts.</p> <p><b>Resolved.</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members noted the information provided.</b></p> </div>	
	<b>QUALITY</b>	
9.	<b>PRIMARY CARE QUALITY UPDATE (STANDING ITEM)</b>	

	<p>Philip Bond declared a conflict of interest in this item, as the PPG Chair and patient of the practice concerned. He remained in the meeting but did not comment.</p> <p>JW updated the Committee that following three recent Care Quality Commission (CQC) inspections of general practices; two were rated as Good, with the third being rated as Inadequate.</p> <p>The CCG had offered supportive visits to all practices ahead of the inspections. The inadequate rating for the Blundell Park practice resulted from a number of concerns on safety, effectiveness and well led. The CCG had visited the practice prior to the CQC inspection and established an action plan based around their early findings. However, the CQC Report detailed further concerns. As the practice are now in Special Measures, a further visit will take place in 3 months. Action plans have been created, and Healthwatch are also helping to support the practice. A HR specialist has been appointed to help with leadership actions. It was noted that actions are being progressed and improvements are being made.</p> <p>The Committee discussed the role of the PCNs in CQC visits. It was noted that the PCN Clinical Directors had offered support to this practice. However, the role of the PCN is not included within a process for a CQC visit. It was noted that there are risks of small practices closing, and it is in the interest of the PCNs to support and ensure long term sustainability.</p> <p><b>Resolved</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members noted the update provided in this report and the action the CCG is taking to support the practice.</b></p> </div>	
<b>10.</b>	<p><b>NATIONAL GP PATIENT SURVEY RESULTS</b></p> <p>A paper was presented to the Committee to update members regarding the latest national GP Patient Survey results and the actions that are being taken forward that will support improvements in the experience of general practice.</p> <p>The Committee noted the improvements in the areas of; an awareness of booking online; ordering repeat prescriptions; and accessing medical records. Those concerns which have deteriorated in the patient survey were noted as; ease of getting through on the phone; satisfaction with appointment times; recognising the mental health needs of patients; and the ease of use of online services.</p> <p>Survey results across the PCNs will be shared with practices during visits, and where practices are not performing as well as peers, the CCG will work with specific practices to support improvement.</p> <p><b>Resolved</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members noted the latest GP Survey results and the actions that the local practices and the CCG are taking that will support improvements.</b></p> </div>	
	<b>OPERATIONAL</b>	
<b>11.</b>	<p><b>SAFEGUARDING CHILDREN AND VULNERABLE ADULTS</b></p> <p>A paper was presented to the Committee regarding recent correspondence received from NHS England in respect of Safeguarding Children and Vulnerable Adults and general</p>	

	<p>practice reporting. The correspondence detailed actions that are required from local systems to ensure children and vulnerable adults are effectively safeguarded.</p> <p>The CCG has been asked to work together with local GP provider representatives to review local arrangements and, where necessary, implement changes to assure safeguarding activity in general practice is supported to contribute efficiently and effectively to local decision making.</p> <p>As part of this process, NHSE/I will work with CCG's Named Safeguarding leads to obtain assurances that local systems are supporting effective safeguarding arrangements in general practice from 1<sup>st</sup> November 2019.</p> <p><b>Action: A paper will be brought back to the Committee regarding this policy.</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the content of the letter from Dr Geddes</b></li> <li>- <b>Await the review of local arrangements and the subsequent proposal to improve and support GP's contributions to safeguarding processes</b></li> <li>- <b>Agreed to receive a proposal for approval once the review of local arrangements has taken place</b></li> </ul> </div>	JH
12.	<p><b>PRIMARY CARE COMMISSIONING FINANCE REPORT</b></p> <p>A paper was presented to the Committee to provide an update on the financial position of the budgets within the scope of Primary Care for both NEL CCG &amp; NELC. The paper was taken as read, with the following items highlighted to the Committee.</p> <p>The expected allocation for the Apex Insight Workforce Toolkit has been received, and the budget has been amended accordingly. The forecast underspend against Delegated Primary Care budgets is mainly attributable to</p> <ul style="list-style-type: none"> <li>• the Demographic growth not being as high as originally planned for, therefore the payments to the GP's as part of their contracts is lower than anticipated. The forecast is based on the Q1 list sizes.</li> <li>• Slippage against the recruitment to the PCN additional roles scheme (Social Prescriber &amp; Clinical Pharmacist) during July and August. This part year saving has been reflected in the 'Delegated Enhanced Services' year to date and forecast position.</li> <li>• YTD variance of £73K overspend against NELC's Substance Misuse scheme is due to the phasing of the budget – the scheme is forecast to spend to budget by the end of the year.</li> </ul> <p><b>Resolved</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>The Committee members noted the Primary Care Commissioning Finance Report</b></p> </div>	
13.	<p><b>EXTENDED ACCESS INTERIM SERVICE EXTENSION</b></p> <p>Dr Elston declared a conflict of interest, as a local GP within a practice taking part in this service; she remained in the room but did not take part in discussions. No decisions were being taken.</p> <p>SD updated the committee that a national access review is currently ongoing. Advice from NHSE/I is that where there are interim services in place, they should be commissioned until the end of March 2020, pending the outcome of this review. The Care Contracting</p>	

	<p>Committee have supported a decision to extend the current interim service from the end of September 2019 to the end of March 2020 and PCNs have confirmed they will deliver to this extended timescale. A paper will be brought back to the next meeting regarding the longer term arrangements.</p> <p><b>Action: A paper will be brought back to the Committee with a further update.</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>The Committee noted the update on Extended Access Interim Service Extension.</b></p> </div>	<b>SD</b>
<b>14.</b>	<p><b>GPFV TRANSFORMATION PROJECTS</b></p> <p>RB updated the committee regarding the following Transformation projects.</p> <p>International GP Recruitment: A further two Northern Lincolnshire Taster weekends will take place in October / November 2019, this is aimed at introducing and orienting people to the area. There have been issues with candidates preferring other parts of the Humber Coast and Vale area and not choosing to work in North or North East Lincolnshire. The CCGs are looking at potential ways to encourage people to move to the area.</p> <p>Online Consultation: The CCG are working with the STP to introduce a clinical code and develop a template in SystmOne to link incoming consultations to episodes of care, with a view to measuring the impact. With regards to online consultation, the CCG noted that there would be 77% coverage of the patient population by October 2019. The CCG will launch a promotional campaign to publicise widely to patients in October 2019. NHSE/I urged the promotional campaign to take place whilst funding is in place.</p> <p>Care Navigation: There has been a noticeable increase of activity month of month for Care Navigators. This data is shared with practices each month for review. There is a need to push for the approach to become more embedded in order to alleviate workload. SP noted that primary care in Wakefield had looked at their high users, and attached care navigators to those particular users.</p> <p>Workforce and Workload Modelling: The Apex Insights Tool, which will support capacity and demand and workforce planning, was discussed by the Committee. Roll out commenced from July and practices are currently having the software installed. The CCG will share the benefits with the two practices who have not yet subscribed, in an effort to see the advantages of using the tool, which could also be a good tool for workforce planning for the PCNs. This is currently funded through NHSE monies. When this comes to an end the costs of the system per practice, per year, raises questions regarding how the product will be funded longer term and whether practices see the benefit to fund it themselves in future.</p> <p><b>Resolved</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>The Committee members noted the update on GPFV Transformation Projects.</b></p> </div>	
<b>15.</b>	<p><b>NHS ENGLAND UPDATE REPORT</b></p>	

Dr Elston declared a conflict of interest, as a Partner in a local GP practice. Dr Elston remained in the meeting, but did not take part in the decisions.

A paper was presented to the Committee updating members on various functions of Primary Care to include contractual changes, STP wide workforce initiatives, digital system projects and service reviews. The paper was taken as read with the following discussed further.

**Humberview Contract Variation:**

The Committee noted the contract changes and ratified the contract variation to the Humberview contract to reflect a GP retirement. The Committee noted the points made regarding reflecting on relevant guidance and this not being considered a material change to the service commissioned and provided by the GPs at Humberview. The current contract end date is 31/07/2022.

**GP Retention Scheme – change to approval process:**

The Committee discussed the GP Retention Scheme. The Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.

The current application process requires applications go via Health Education England, who confirms the GP is eligible for the scheme. The application is passed to the NHS England Medical Team who confirm there are no performer concerns and passes the application to the NHS England Transformation Team. NHSE then confirm support for the application.

NHSE are proposing changes to the approval / rejection of applications, so that the CCG review the application and make a decision to support it or not. The Primary Care Team and finance determine whether or not there is sufficient need for the Practice to employ and to understand the financial impact in approving the request. Once a decision is made notification of the approval is to then be reported to the next Primary Care Commissioning Committee. All members noted the need for all involved to be aware of what the process will change to.

**Humber Coast and Vale Workforce Planning:**

The Committee were updated regarding the Humber Coast and Vale Workforce Planning. CCGs have recently been given the opportunity to review the additional roles baseline, and resubmit, following reflection on the more recent guidance, if the CCG wishes to amend the initial submissions. The deadline for this is the 30<sup>th</sup> September 2019.

**NY&H Leadership Training (Next Generation GP):**

EE agreed to discuss funding of the NY&H Leadership Training (Next Generation GP) outside of the meeting.

**Resolved**

**The Committee members reviewed and discussed the information presented and:**

- **Approved relevant contractual changes**
- **Approved the proposal regarding how GP retainers are approved**

**INFORMATION**

**16. ACTION SUMMARY SHEET - GP PROVIDER DEVELOPMENT GROUP MEETING (Standing item)**

	SD updated the Committee that the previous meeting was cancelled so there are no actions to bring to this meeting.	
17.	<b>RATIFICATION OF VIRTUAL COMMITTEE – PMS REINVESTMENT</b> The Committee ratified the decision taken by Virtual Committee.  <b>Resolved</b>  <div style="border: 1px solid black; padding: 5px;"> <b>The Committee members approved the revised proposed plans for the residual PMS premium funding for 2019/20.</b> </div>	
18.	<b>ANY OTHER BUSINESS</b> None discussed.	
19.	<b>DATE AND TIME OF NEXT MEETING</b> 26 <sup>th</sup> Nov 2019    2pm to 4.30pm	