

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE**

**HELD ON TUESDAY 26th NOVEMBER 2019 – 2.00pm to 4.00pm**

**AT CENTRE4, IN TRAINING ROOM 1**

**PART A**

**Present:**

**Voting Members:**

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| Laura Whitton | NELCCG Chief Finance Officer  |
| Mark Webb | NELCCG Chair |
| Dr Sinha | NELCCG GP Clinical Lead |
| Phillip Bond  | Deputy Chair, PPI member of Governing body  |
| Steve Pintus | NELC Director of Health and Wellbeing |
| John Berry | NELCCG Quality Assurance Lead |

**Non-Voting Members:**

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| Saskia RobertsTracy SlatteryCllr CracknellJulie Wilson | Medical Director, Humberside LMCsDelivery Manager, Healthwatch North East LincolnshireNELC CouncillorAssistant Director, Programme Delivery & Primary Care, NELCCG |

**In Attendance:**

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| Helen Askham | NELCCG PA to Exec Office  |
| Geoff DayRachel Barrowcliff  | NHS England representative NELCCG Service Manager, Service Planning and Redesign |
| Sarah Dawson | NELCCG Service Manager |

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|  | **ITEM** | **Action** |
|  | **APOLOGIES FOR ABSENCE**Voting Members: Jan Haxby, Dr Ekta Elston, Stephen Pintus and Dr AllamsettyNon-voting members: Erica Ellerington |  |
|  | **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.

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| Name | Agenda number | Nature of Interest and Action Taken |
| Philip Bond | 8 | 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.  |
| Dr Sinha | 6, 7, 8 and 10 | Dr Sinha is a Partner in a local GP practice. Dr Sinha remained in the meeting, but did not comment, nor take part in decisions.  |

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|  | **MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 24th September, 2019**The minutes of the meeting held on the 24th September 2019 were agreed as a true and accurate record. |  |
|  | **MATTERS ARISING AND ACTION LOG**The action log circulated for the meeting was updated as per attached.  |  |
|  | **STRATEGY** |  |
|  | **PRIMARY CARE STRATEGY UPDATE – MJOG UPDATE**MJOG is an interactive messaging system that the CCG were hoping to roll out across the Primary Care system. It is particularly useful for disseminating winter messaging. Unfortunately, technical issues have arisen and there is a delay. The Committee will be kept informed of any further update. **Resolved****The Committee noted the update provided.**  |  |
|  | **UPDATE ON REVIEW OF LOCAL PRIMARY CARE SCHEMES** A paper was presented to the Committee to provide an update on the work that is ongoing in connection with the local primary care services commissioned by the CCG over and above core / essential services. The CCG continues to review each of the local schemes to assess current need, and delivery method. The Committee discussed the development of the PCN’s covering populations of at least 30,000 and specifically the development of the new Network DES, introduced in July 2019. The Network DES provides the vehicle to commission local services at scale from PCN through the category of Supplementary Network Services whereby CCG’s and PCN’s may develop local incentive schemes, and add these as an agreed supplements to the Network Contract, supported by additional local resources. The Committee discussed that where services are already commissioned at PCN level it is not necessarily the case that all practices provide all services, but patients can have access to all services within their network. The CCG is considering whether some enhanced services are better commissioned at this level. It is hoped that within PCN’s, conversations are taking place, as to how services are provided to patients across the PCN networks, where this is appropriate.The CCG will continue to review local primary care schemes and bring back to the Committee for further discussion and approval. **Resolved****The Committee members noted the current position regarding the local schemes reviews.**  |  |
|  | **PRIMARY CARE CAPACITY MEASURES**A paper was presented to the Committee to set out some proposed measures to guide any future discussion and decision regarding primary care capacity. As the provision of general practice services is changing there is no single indicator or calculation that would provide a definitive answer as to whether additional capacity is required. The PCCC considered the information available at the time the primary care strategy was approved earlier in 2019, and acknowledged that the combined workforce figures for general practice represented a good position and that there were plans to improve access and introduce initiatives such as signposting to other services, where appropriate. The PCCC therefore agreed in principle a number of measures at that time. Further detail regarding these measures and the expected position for the end of March 2020 were discussed. It was noted that these measures would need to be considered within the context of any other factors that may be pertinent at that point, e.g. amended national guidance or local plans. The Committee discussed the access to online consultation methods, and use of patient online services. The Committee were informed that realistic expectations had been set. The importance of communicating what is available, and how to access online services, was discussed amongst committee members. It was suggested that the voluntary sector be utilised, along with other staff in primary care, community links, Social Prescribing link workers etc.in getting the message across more clearly to patients about the opportunities for online access.**Resolved****The Committee members reviewed the proposed measures and agreed the March 2020 expectation.**  |  |
|  | **QUALITY**  |  |
|  | **PRIMARY CARE QUALITY UPDATE – BLUNDELL PARK SURGERY CQC REPORT**A verbal update was provided regarding the current position and ongoing support following a recent CQC inspection resulting in an overall rating of Inadequate at Blundell Park Surgery. The CCG and the LMC have been providing support to the practice to work through a highly detailed action plan. The CCG feel that a lot of work has been undertaken and improvements are being made. Another visit from the CQC will take place on the 4th December, after which the CCG will assess what further support is required. **Resolved.****The Committee members noted the update provided.**  |  |
|  | **SAFEGUARDING CHILDREN AND VULNERABLE ADULTS AND GENERAL PRACTICE REPORTING**Following the discussion at a previous meeting, a verbal update was provided regarding the Safeguarding Children and Vulnerable Adults and General Practice Reporting. Any further local plans are currently on hold, pending the outcome of a national case that has been highlighted. The committee were informed that in the meantime, , the CCG recognises that there is some work to be undertaken to improve the notification to GPs regarding case conferences to help facilitate greater input into safeguarding processes, and this will be undertaken. **Action: An update will be provided at the next meeting.** **The Committee members noted the update provided.**  | **JB** |
|  | **PCN SUPPLEMENTARY SCHEME FOR MEDICINES OPTIMISATION**A paper was presented to the Committee regarding the PCN Supplementary Scheme for Medicines Optimisation. With the establishments of PCN’s, the Committee has previously agreed to utilise the former quality scheme funding to support PCN Supplementary Schemes, i.e. Local schemes that set expectations over and above existing requirements. A PCN Workshop identified opportunities to reduce variation between practices in the area of prescribing, and the scheme has been developed in response to this. The proposal is to run the Scheme for a year from December 2019 to December 2020. The Committee were informed that the proposal will be reviewed in light of the new national PCN enhanced service regarding Medicines Optimisation, which is due out in April 2020, as well as the new national PCN Investment and Impact Fund which is also due to commence in 2020/2021.Part 1 of the proposal is to deliver against the CCG 2019/20 Initiatives, including antimicrobial prescribing, and remaining within Prescribing Budget and Part 2 is to tackle the significant variation in prescribing. All PCNs that sign up to the scheme would benefit from a gain share as a result of savings made within any PCN as long as the total CCG position is better than the budget level, with the split based on weighted population. This is intended to encourage joint working and support across all PCNs. For example, those PCNs performing at the best quartile could share best practice with those in the worst quartile. To support all elements of this scheme, and recognising that this is setting an expectation over and above other existing expectations and as such will require additional resource, the CCG is offering up-front funding, available from the date at which the PCN returns the signed agreement to the CCG.It was noted that the action plan required for Part 2 of the scheme would need to be quite specific, as this would form the basis of assessment of progress for that element. This would need to be made clear to the PCNs. The Chair also noted that it should be clearly stated that any costs incurred over staffing will be liable to the PCN, the CCG need to state this from the outset. **Resolved****The Committee members reviewed the draft scheme and approved the proposed scheme.**  |  |
|  | **OPERATIONAL** |  |
|  | **PRIMARY CARE COMMISSIONING FINANCE REPORT**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 & NELC. The paper was taken as read, with the following items highlighted to the Committee.* An increase of £46k against Core primary Care budgets since the last report, due to receipt of allocations not previously factored in.
* The CCG have received notification of £121k additional funding to support the delivery of PCNs’ Organisational Development Plans, which is not currently reflected in the financial position. The allocation is due to be received at the end of November.
* There is a £303k increase to the forecast underspend against Delegated Primary Care budgets for various reasons, as set out within the report..
* The Committee discussed the lack of recruitment to the PCN Additional roles, particularly the Clinical Pharmacist role. NHSE/I advice is that this funding cannot be spent on any other costs. However, CCGs should be strongly encouraged to use any underspends to support the Primary Care Network Agenda.
* A query was raised as to whether PCNs can use their additional funding for Service Level Agreements with other companies that can provide Clinical Pharmacist input. NHSE/I advice is that PCN roles can be employed by other organisations, but they must provide a person/specific dedicated role to the PCNs. It is not possible to use that funding for a ‘service’, e.g. back office functions or data analysis, although this is being checked with a central team at NHS E/I.

The YTD variance of £52k 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. **Resolved****The Committee members noted the Primary Care Commissioning Finance Report**  |  |
|  | **NHS ENGLAND UPDATE**A verbal update was provided to the Committee. The Humber Coast and Vale Primary Care Programme Board recently met and approved all 29 Development Plans for the PCN’s. The funding allocated has been confirmed and will be distributed to all of the CCG’s, who in turn will allocate this funding to the PCN’s. Further information regarding VAT implications will be forwarded to the PCN. Funding for additional support has been allocated in order to help PCN’s deliver on those tasks outlined in their Plans. All noted that PCN’s were established to enable practices to work together and promote the long-term sustainability of Primary Care. Resolved **The Committee noted the update provided.**  |  |
|  | **INFORMATION**  |  |
|  | **ACTION SUMMARY SHEET - GP PROVIDER DEVELOPMENT GROUP MEETING (Standing item)**Action: SD will circulate the notes to all committee members. *UPDATE – Please find the notes attached.*  | SD |
|  | **ANY OTHER BUSINESS** None discussed. |  |
|  | **DATE AND TIME OF NEXT MEETING** 4th February 2020 11.00am to 1.30pm |  |