

NHS EL CCG Primary Care Committee

Minutes of the meeting held on Monday, 19 December 2016
2pm at Walshaw House

PRESENT:

Naz Zaman	Lay Member - Equality & Inclusion : Chair
Jackie Hanson	Director of Quality & Chief Nurse
Kirsty Hollis	Chief Finance Officer
Sharon Martin	Director of Performance & Delivery
David Swift	Lay Member - Governance

In Attendance:

Angela Brown	Director of Corporate Business
Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Dr Phil Huxley	CCG Chair
Mark Youlton	Chief Officer
Anne MacLeod	Corporate Administration Manager - Minutes

Min Ref:		ACTION
16.212	<p>Welcome & Chairs Update</p> <p>The Chair welcomed members to the meeting.</p>	
16.213	<p>Apologies</p> <p>Apologies were received from Michelle Pilling, Sheralee Turner-Birchall, Dr Daly and Peter Higgins.</p>	
16.214	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest : GPs declared an interest in primary care items. ▪ Quoracy : The meeting was quorate. 	
16.215	<p>Minutes of the meeting held on 21 November 2016</p> <p>The minutes of the meeting held on 21 November 2016 were approved as an accurate record.</p>	
16.216	<p>Action Matrix</p> <p>The Action Matrix was discussed and updated as follows:</p> <p>16.160.1 : Memorandum of Understanding Lisa confirmed that NHS E are to hold a workshop to agree the content for next year.</p> <p>16.191 : New Models of Care A progress report was included on the agenda.</p>	

	<p>16.192 : Highfield House The service specification had been amended, however this could not move forward until the Practice sign the PMS contract variation.</p> <p>16.194 : Winter Resilience Lisa provided an update in terms of increased capacity to ensure resilience in primary care and confirmed there had been limited response from practices. She agreed to circulate the Summary of Extended Hours Provision covering the period 1 December 2016 to 8 January 2017.</p> <p>Discussion followed and it was noted that some practices will increase their capacity to provide additional services in core hours, rather than extended hours. It was also recognised that some practices are under significant pressure and some have capacity, including the Walk In Centre and concerns were expressed that there are mixed messages in the system.</p> <p>Sharon Martin felt it was important to demonstrate that resource has been provided to primary care to increase capacity, which should take pressure off the Bank Holiday weekend.</p> <p>Members were advised that NHS E had requested information in terms of additional capacity in core hours.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Circulate the Summary of Extended Hours Provision covering the period 1 December 2016 to 8 January 2017 ▪ Consider how we create capacity to support core hours during January 2017. <p>Kirsty Hollis confirmed that further draw down from the £1.004m was not possible as this resource is treated as slippage and has to be held back to maintain the overall contingency.</p>	LC
16.217	<p>Matters Arising</p> <p>There were no matters arising.</p>	
16.218	<p>New Models of Care Update</p> <p>The report provided an update position relating to the development of the detailed service delivery model for primary care and outlined next steps.</p> <p>Members had previously agreed that a ‘one capable provider’ model would be commissioned from a collaboration of local GP provider organisations. Following initial meetings between the CCG and GPs, it was agreed to establish a Joint Collaborative Design Group with representation from each of the four Federations, the LMC and the CCG Primary Care Development Team, together with Project Management support and co-opted members as required to support the model.</p> <p>With reference to the petition launched in Hyndburn, this had not yet been formally received, however it had been agreed with Cty Cllr Pritchard that the link to the online petition survey be used as submission and formal acceptance as the consultation had now closed and the Comms & Engagement Team have included the responses within the consultation to</p>	

	<p>address the issues raised. It was recognised the majority of people who use the Walk in Centre are young people and consultation is also taking place with Accrington College. It was agreed to seek advice on the protocols and processes relating to petitions.</p> <p>Two dates have been set for development of the Care Navigation training programme, initially in Hyndurn with a view to rolling out across the rest of East Lancashire.</p> <p>A number of risks were outlined, particularly the ability to mobilise the new model in Hyndburn before the Walk In Centre contract comes to an end on 31 March 2017. Timescales are tight, however contingency plans are in place and discussions are ongoing with CSU colleagues to develop alternative options to cover the transition period by either extending the contract or identifying a sustainability partner.</p> <p>Members noted the risks and expressed concern regarding the short timeframe in terms of mobilisation. Lisa anticipated that the detailed service delivery model would be available to present to the next meeting of the Committee. If this did not provide assurance, the Committee would have to consider next steps.</p> <p>ACTION: Update report to the January meeting.</p>	LC
16.219	<p>General Practice Forward View (GPFV)</p> <p>Lisa Cunliffe gave a presentation outlining the CCGs General Practice Forward View Operational Plan 2017/19 which was due to be submitted to NHSE on 23 December 2016. The Plan encompasses specific areas outlined in the guidance and reflects local circumstances.</p> <p>The Investment Summary outlined how allocations are made to the CCG. The CCG will invest a total of £2m in improving access to General Practice. In addition this includes the transformational resource of £3 per head of population as a one off non-recurrent investment in 2017/18, increasing to £3.34 per head in 2018/19. This will support GP Practices, Federations and Providers to work together to deliver improved access to general practice.</p> <p>In terms of development, Members were advised that the CCG has submitted an Expression of Interest to NHS E for a Development Advisor to support the CCG and Practices to implement change.</p> <p>Lisa provided details of the online GP consultation software systems that are to be implemented across Lancashire and South Cumbria and outlined the Reception and Clerical Training and Care Navigator Service to be implemented across East Lancashire. A GP Resilience Programme had also been established and the resource would be allocated on a Lancashire footprint. Locally it had been agreed to manage resilience as neighbourhoods or groups. In relation to workforce, Care Certificates are to be rolled out to all Practices with project management support, and an Enhanced Training Practice would be used as a hub for student nurse placements. Lisa outlined the investment received by the CCG to take this forward.</p>	

	<p>The EL Quality Framework will include all the existing specifications together with a number of new developmental areas. To support the Operational Plan there was a need to look at the Infrastructure in terms of Estates and Technology and work was ongoing to address this.</p> <p>In conclusion Lisa said the Plan was subject to financial scrutiny, however she felt it reflects local circumstances and will ensure the sustainability of General Practice. She agreed to circulate the full Plan to Members for comments. In terms of governance, it was agreed the Plan would be signed off by the Executive Management Team prior to submission on 23 December 2016.</p> <p>David Swift asked if the Plan will solve the issues regarding general practice capacity. Dr Huxley pointed out that if primary care is to be the bedrock of our solution, we need to invest in the whole primary care system as he felt this was not fit for future, knowing the ageing population. He would like the organisation to be more ambitious and more positive about what primary care can do and the GPFV Operational Plan was a step in the right direction.</p> <p>Lisa clarified the position in terms of the GP Resilience Programme funding which was to be allocated on a Lancashire footprint and based on need rather than allocated pro rata per CCG. Have suggested grouping practices together for resilience. Within EL, 9 practices met the criteria that identified them as vulnerable practices, noting that assessments are being carried out and practices will be notified in January 2017.</p> <p>As a delegated function, Members asked if the Plan is in line with good governance principles. Lisa confirmed that £3 per head will go into the CCG baseline and other resource will come directly to the CCG, but a significant amount will stay at Lancashire and national level.</p>	LC
16.220	<p>Any Other Business</p> <p>Items for Inclusion on the Corporate Risk Register There were no additional items for inclusion on the Risk Register.</p>	
16.221	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Wednesday, 11 January 2017 at 2pm.</p>	
<p>RESOLUTION: “That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.” (Section 1[2] Public Bodies (Admission to Meetings) Act 1960.</p>		