

## NHS EL CCG Primary Care Committee

**Minutes of the meeting held on 8 March 2017  
2pm at Walshaw House**

**PRESENT:**

Naz Zaman	Lay Member - Equality & Inclusion : Chair
Jackie Hanson	Director of Quality & Chief Nurse
Kirsty Hollis	Chief Finance Officer
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair

**In Attendance:**

Kerry Galloway	Projects Manager, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Dr Richard Daly	Clinical Director, Partnerships
Sarah Danson	Assistant Contracts Manager, NHS
Jane Higgs	Locality Director, NHS E
Duncan McGrath	Head of Primary Care Development, Local Medical Committee
Phil Mileham	Ribblesdale Healthcare Ltd ]
Kathryn Philips	Pendle Care Direct Ltd ] In attendance for
Carole Martin	EL Union of GPs ] Agenda Item 6.2
Dr Richard Robinson	GP Clinical Lead – Hyndburn ]

Min Ref:		ACTION
17:034	<p><b>Welcome &amp; Chairs Update</b></p> <p>The Chair welcomed members to the meeting and introductions were made. Phil Mileham, Kathryn Philips and Carole Martin were representing the GP Provider Organisations and in attendance for the New Models of Care discussions.</p>	
17:035	<p><b>Apologies</b></p> <p>Apologies were received from Sharon Martin, David Swift, Phil Huxley, Angela Brown, Mark Youlton and Peter Higgins.</p>	
17:036	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>▪ <b>Declarations of Interest :</b> <ul style="list-style-type: none"> <li>➤ Dr Richard Daly declared an interest as a GP in a GMS Practice.</li> <li>➤ Dr Richard Robinson declared an interest as a GP in a PMS Practice.</li> </ul> </li> <li>▪ <b>Quoracy :</b> The meeting was quorate. [4 members required of which 2 must be Lay Members]</li> </ul>	
17:037	<p><b>Minutes of the meeting held on 8 February 2017</b></p> <p>The minutes of the meeting held on 8 February 2017 were approved as an accurate record, subject to the amendment to the title of Jane Higgs – Locality Director.</p>	

17:038	<p><b>Action Matrix</b></p> <p>The Action Matrix was presented and updated as follows:</p> <p><b>16:160.1 : Memorandum of Understanding</b>  Lisa Cunliffe had attended the first meeting of the Task &amp; Finish Group in February which included representatives from CCGs across Lancashire and NHS E. There were a number of issues particularly relating to procurement and responsibilities regarding quality that are not robust enough and further work is required to address this. Since the meeting further discussion had taken place to review specific tasks and agree where things should be considered. The revised MoU was currently being drafted and would be circulate to CCGs.</p> <p><b>16.192 : Highfield House</b>  The Service Specification cannot be issued until the PMS contract negotiations are complete.</p> <p><b>17:025 : Meeting Dates</b>  Meeting dates to remain on the 2<sup>nd</sup> Wednesday for the next few months then review in conjunction with the Primary Care Transformation Group in terms of impact.</p>	
17:039	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
17:040	<p><b>New Model of Primary Care</b></p> <p>Carole Martin introduced the presentation and outlining progress over the last four weeks. The Federations and LMC had met to determine the short-term direction of travel and had shared progress at subsequent meetings. There was agreement that different projects will require different organisation leads and the EU and ELMS are to take forward the Hyndburn project. Meetings continue on a regular basis to consider how to put plans into action and lessons learned will be shared throughout the localities. Carole wished to reiterate that the provider organisations are aligned and working together which was positive.</p> <p>First steps were outlined which confirmed that following a reiew of data, the Hyndburn population are the heaviest user of the Walk in Centre (WIC). Dr Rachel Halstead, a Hyndburn GP, had been identified as the GP Clinical Lead for the project. GPs from ten of the seventeen Hyndburn Practices had attended a meeting and the group were encouraged that GPs are engaged and wish to be involved in this work.</p> <p>Areas identified for consideration included service delivery requirements, premises, IT, collaboration with patients and workforce.</p> <p>The new model will provide routine and same day access. It was acknowledged there is demand outside core hours and it had originally been proposed that the service model would commence from 4pm. However, it was understood that this model had not worked in other areas, due to difficulties in recruitment from 4pm as this encroaches on core hours. There is also a need to consider resilience within primary care as a whole.</p> <p>In terms of premises, the preference from the meeting was for a one hub model. Site visits had taken place to the LIFT buildings and further feasibility work was</p>	

required, in conjunction with the CCG Estates team, taking into account the transport links. A site visit was also planned to Barbara Castle Way in Blackburn where the model is already up and running. The group are keen to observe the patient footprint and flow within the building.

Discussions had taken place with Martin Walls, IT consultant with a proven track record of implementing similar models across Lancashire. Access to medical records is crucial and a Data Sharing Agreement is already in place with the EU for over 85% of EL practices.

Regarding collaboration with and inclusivity of patients, it was recognised that Hyndburn has an active multi Patient Participation Group (PPG) and the Group are keen to build on existing relationships to take these projects forward. The PPG are generally supportive of the plans and committed to working with the Group going forward.

Carole outlined concerns in terms of workforce and recognised problems in recruiting, highlighting the need to be creative and to do things differently, with the possibility of joint recruitment projects and pooling workforce. Work was also ongoing with UCLAN to explore options and to consider opportunities for academic placements, how to retain trainees and develop more GPsSI.

At the Hyndburn meeting, a number of the practices had attended the West Wakefield navigator scheme and were keen to implement this.

In conclusion, Carole highlighted the need for the Federations, practices, patients, the CCG and LMC to work together. The GP Provider Organisations are committed to drawing on the knowledge and experience to take this forward. She confirmed that work is ongoing with colleagues to develop a project plan before submitting this to the Committee.

The Chair thanked Carole for the progress report and invited questions from Members.

Richard Daly thanked Carole for her update, confirming that the narrative brought the plan to life and demonstrated a deep understanding of the issues and provided assurance, which was helpful. He highlighted the importance of demonstrating a strict timeframe and asked that an early draft of the project plan be shared with the Committee to provide some further assurance to this work. Carole circulated a draft plan for information which was discussed. The Model would be implemented from 1<sup>st</sup> September 2017 providing a one month handover period.

Members discussed the additional 40 hours and the options to run from 4-8pm or 6.30-8pm, neither of which currently sounded ideal and asked how to create a model that is different and draw on a GP resource that we have not currently encouraged.

Carole advised they are learning from the model where it has been implemented previously, highlighting the need to be innovative, with access not just to GPs but to other health professionals. It was also recognising that some of the 40 hours will include weekend hours. It was noted that BwD changed the hours for their model and Cumbria and South Lancashire tried to implement 4pm, however this was not successful due to recruitment issues. Patient engagement identified that Sunday hours were not required in EL and nationally many of the Sunday sessions have closed down due to lack of demand. The EU were also working

	<p>with colleagues in ELHT regarding paediatrics in the community, as there was a significant demand at the WiC during after school hours.</p> <p>Members also asked if the the model will be dependent on the use of locums to fill out of hours. Carole confirmed the vision is about recruiting to an organisation and enabling continuity through that recruitment, recognising that existing practices would shift days to cover the hours.</p> <p>The Group felt they had demonstrated what can be achieved in a short space of time since the last meeting and will not be deviating from the plan. NHS requirements have been incorporated and they were confident the model will deliver the capacity it is expected to delivery. Clarity was required in terms of shifts and recruitment and work would continue with health care professionals in other areas.</p> <p>In terms of communication with the 7 practices that were not at the initial meeting, it was confirmed that weekly meetings are taking place with the Federations and Dr Halstead has regular 1:1 discussions with colleagues to keep the momentum going. It was also recognised that there will be discussion between the practices present and those not.</p> <p>Kirsty Hollis confirmed that discussion had provided assurance that considerable progress has been made over the last 4 weeks. She referred to the draft project plan and patient involvement and the need to ensure sufficient time for education and information sharing with the Hyndburn population is built into the project plan. It was noted that care navigation and the Comms &amp; Engagement Team would support this. There is also a need to be open and honest with the public that this service is not a replacement and patients need to understand that there will be no walk-ins, but urgent pre-booked appointments on the day.</p> <p>Reference was made to the work ongoing with GP surgeries and Healthwatch and further discussion would take place outside the meeting in terms of information sharing.</p> <p>There was also a request to consider how success and outcome satisfaction will be measured.</p> <p>The Chair thanked Carole, Kathryn and Phil for their presentation, reiterating that Members feel more reassured as plans have moved along substantially.</p> <p><b>ACTION:</b>  <b>Draft plan to be circulated and further progress report to the next meeting.</b></p>	<p><b>CM/ GPPO</b></p>
<p><b>17:041</b></p>	<p><b>Quality Framework</b></p> <p>In presenting the report, Lisa Cunliffe paid tribute to Catherine Wright who had risen to the challenge and undertaken a significant amount of work in co-ordinating the information.</p> <p>The Quality Framework 2017/18 aims to support the transformation of General Practice in East Lancashire into a more sustainable, integrated, high quality provider of services outside hospital. It is intended to use the Framework to increase investment, share best practice, support the wider primary care transformation agenda and build on standards already in place.</p> <p>The Framework covered the four domains of Primary and Secondary Prevention,</p>	

	<p>Medicines Optimisation, Care Closer to Home and Pathways Optimisation.</p> <p>In terms of primary and secondary prevention, the Team have expanded on schemes from last year and worked with Practices to consider best practice and identify what can be shared in order to develop this years plan. There was a lot of detail in the report and Members attention was drawn to the Plan on a Page which provided a quick reference guide in respect of each of the domains.</p> <p>Lisa also thanked the LMC for their involvement in appraising the Framework.</p> <p>In terms of reducing beurocracy regarding claims and processing payments, Lisa confirmed this had been raised with Practice Manager leads across all localities and outlined the work ongoing to address this, highlighting the need to be confident that the price paid is the correct average price.</p> <p>Lisa confirmed that the Framework has come a long way since the last discussion. An event was scheduled for Wednesday, 22 March to celebrate successes and acknowledge the difficulties in the first year, following which the new elements of the framework would be launched. The Framework would also be shared with NHS E.</p> <p>Following discussion, Members approved the Quality Framework for 2017/18 with the caveat that minor elements need to be finalised and work was ongoing with the LMC in this respect. The Chair also thanked Catherine Wright for her hard work.</p> <p><b>The Chair welcomed Jane Higgs to the meeting.</b></p>	
17:042	<p><b>Primary Care Quality Risk Profile Trigger Tool</b></p> <p>Members received a report which was originally presented to the Pennine Lancashire Quality Committee when it was considered it would be useful to share with the Primary Care Committee. The report outlined progress in developing a General Practice Dashboard to monitor quality within primary care. The Quality Concern Trigger Tool, developed by NHS E, is a standardised process for raising concerns regarding the quality of primary care providers has now been adopted.</p> <p>Catherine Wright advised that work is ongoing across PL incorporating 84 practices to look for a process to identify practices that need support. She confirmed the process developed by NHSE provides a more enhanced process to do this.</p> <p>As a point of clarity, it was important to ensure that this is described as a quality assurance tool, rather than measuring quality of primary care services.</p> <p>In terms of data, there was also a need to be clear if it is annual, quarterly or real time as data lag has been a problem in primary care previously. It was reported that a Lancashire wide dashboard will be available from April via the Aristotle system.</p> <p>As the process has been agreed through various committees, the Quality ConcernTrigger Tool would be presented to a Practice Manager Forum to make them aware of the process.</p>	

	Members received the report and a further update would be presented to the April meeting, reflecting on what is working well.	<b>LC</b>
<b>17:043</b>	<b>Any Other Business</b>  <b>17:043.1 Items for Inclusion on the Corporate Risk Register</b> There were no additional items for inclusion on the Corporate Risk Register.	
<b>17:044</b>	<b>Date &amp; Time of Next Meeting</b>  The next meeting was confirmed as Wednesday, 12 April 2017 at 2pm.	

**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.**

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