

**NHS EL CCG Primary Care Committee**  
**Minutes of the meeting held on Wednesday, 12 July 2017**  
**2pm at Walshaw House**

**PRESENT:**

Naz Zaman	Lay Member - Equality & Inclusion : Chair
Sharon Martin	Director of Performance & Delivery
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair
David Swift	Lay Member - Governance

**In Attendance:**

Angela Brown	Director of Corporate Business
Nick Burks	Finance Manager – Localities
Dr Richard Daly	Clinical Director, Partnerships
Jackie Forshaw	Head of Primary Care, NHS E
Kerry Galloway	Projects Manager - Healthwatch Lancashire
Andy Laverty	Locality Manager – Rossendale
Dr Tom Mackenzie	GP Clinical Lead - Rossendale
Colette Walsh	Head of Commissioning – Integrated Care
Mark Youlton	Chief Officer

Min Ref:		ACTION
17.114	<p><b>Welcome &amp; Chairs Update</b></p> <p>The Chair welcomed Membes to the meeting.</p>	
17.115	<p><b>Apologies</b></p> <p>Apologies were received from Jackie Hanson, Kirsty Hollis, Lisa Cunliffe, Sarah Danson and Peter Higgins.</p>	
17.116	<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 Daly declared an interest as a GP in a GMS Practice.</li> </ul> </li> <li>▪ <b>Quoracy :</b> The meeting was quorate [4 members required, of which 2 must be Lay Members]</li> </ul>	
17.117	<p><b>Minutes of the meeting held on 14 June 2017</b></p> <p>The minutes of the meeting held on 14 June 2017 were approved as an accurate record.</p> <p>Angela Brown advised that a summary of Part 2 discussions had been incorporated into the minutes to ensure members of the public have a summary of discussions.</p>	
17.118	<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> A meeting was scheduled for 7 August to review the MoU and an update would be presented to the next meeting.</p>	
<p><b>17.119</b></p>	<p><b>Matters Arising</b>  There were no matters arising.</p>	
<p><b>17:120</b></p>	<p><b>Care Navigation</b></p> <p>Andy Laverty presented the report which outlined proposals for the purchase of equipment to support care navigation and signposting to relieve the pressure on GP reception staff and afford them time to signpost patients. This would also support the roll out of care navigation across East Lancashire.</p> <p>Members were aware that West Wakefield Health &amp; Wellbeing had successfully developed and implemented a highly effective model and are now working with the CCG to develop this project. Andy advised that Lisa Cunliffe is working with Practice Managers in Hyndburn initially with a view to rolling out across the wider localities.</p> <p>Details of the proposals and financial implications were outlined which included GP practices having automated arrival screens to enable patients to book themselves in for their appointment, together with a practice telephone messaging system to signpost patients to the most appropriate service as soon as they ring the practice. The paper outlined three options - to either not fund, partially fund or full fund the purchase of equipment, with the recommendation that for consistency, the equipment is funded at 100%. It was recognised however, that a number of practices have already invested in this equipment and members were asked to consider enabling practices to claim reimbursement for the replacement of out of date equipment or additional handsets.</p> <p>From a finance viewpoint it was stressed that any ongoing costs arising, in terms of replacement handsets and repairs etc, will need to be paid for by the practices.</p> <p>Michelle Pilling provided feedback following discussions with Practice Managers in Hyndburn who had expressed interest in the new systems. She acknowledged that to support the roll out of care navigation, the facility to have an automated message from the GP was key to the success of it.</p> <p>Discussion followed and Dr Daly confirmed there was already positive feedback from practices for this equipment to be available to support care navigation. Feedback from West Wakefield also highlighted how well it has been received.</p> <p>There was a proposal to pilot this initially in Hyndburn to coincide with the proposed changes to the Walk In Centre and the need to change the culture in Hyndburn. It was agreed this was a big capital outlay if not all practices are going to use it. However by testing the model and working with the Federations to help evaluate the success of it would then provide an opportunity to build into the sustainability of practices going forward, recognising the varied population across East Lancashire.</p> <p>In terms of funding, it was noted that slippage was only available in the 2017/18 financial year. It was proposed that Hyndburn could go live in September,</p>	

	<p>followed by evaluation and wider implementation. The Chair asked how the system will work with practices where they have patients whose first language is not English. It was recognised that the first interaction with the practice is by telephone and it was likely that the patient would speak English.</p> <p>There were a number of questions which fit with the proposal to initially pilot the system in Hydburn and review patient feedback, noting that the Patient Group in Hyndburn is keen to progress this.</p> <p>Jackie Forshaw advised that Fylde and Wyre CCG have included care navigation in their Vanguard and suggested contact be made with them to look at the system they have used and review their success. She queried the use of extended access monies and asked if NHS E Finance had agreed that slippage can be used on things that are not extended access. It was confirmed this work supports extended access and was included in the consultation model.</p> <p>In conclusion and in view of timescales, Members supported full roll-out in principle. The proposal to pilot in Hyndburn would commence in September and discussions would continue with the Finance Team and Executives to explore in more details regarding the phasing out of this system moving forward.</p>	
17:121	<p><b>ECG / Ambulatory Blood Pressure Monitoring Payments</b></p> <p>In presenting the report, Andy Lavery made reference to the CCG Quality Framework which focused on providing additional investment for new areas of quality improvement schemes, but at the same time consolidating a number of existing enhanced service schemes. With reference to ECGs and 24 hour Ambulatory Blood Pressure Monitoring (ABPMs), it was recognised that both services can be provided in General Practice which will reduce the need to seek a secondary care referral. The CCG had agreed to review activity during 2016/17 and provide a reconciling payment at the end of the financial year where a practice demonstrated an increase in activity from 2015/16 and also to establish a robust baseline and payment methodology from 2017/18 onwards.</p> <p>The detailed report outlined the position following review in terms of activity and cost for both service specifications and proposed that funding will come from slippage from the Quality Framework resource in 2016/17.</p> <p>Based on coded activity, ABPM identified a 20% increase in 2016/17, but practice by practice the coding has been variable which highlighted the need to explore further with practices. Coded activity for ECGs highlighted a decrease of 28% and it was further highlighted that activity by GP practices is extremely variable due to inconsistencies in coding at individual practice level.</p> <p>It was proposed that the CCG write to each GP practices, detailing the basis for the payment in 2016/17 and the level of under reporting by the practice, making a request that the practice review coding practices to ensure that future activity monitoring is based on robust coded data. It was also recommended that payments are funding from slippage on the Quality Framework investment.</p> <p>Discussion followed and Members asked if the proposed approach would address the variation and improve quality. It was noted the codes reflect whether the procedure is done in secondary care or primary care. Dr Daly advised that a lot of work has been done to establish why there has been a</p>	

	<p>variation together with pragmatic decision making to move from an activity based payment to a standard payment. He considered there were no risks associated with the proposals, advising that practices will have an opportunity to present data if they feel there has been unfair decision making. He felt there was a need to move away from coding and claiming for every test and felt the proposals were a fair way of paying practices for the amount of activity they are likely to do.</p> <p>In terms of quality and monitoring, the Chair was advised that if a practice is underperforming, this would be addressed on an annual basis.</p> <p>Members supported the recommendation to fund reconciliation payments for 2016/17 and the recommendation to fund ABPMs and ECGs in 2017/18 at an agreed rate per 1,000.</p>	
<b>17:122</b>	<p><b>Any Other Business</b></p> <p><b>17:122.1 Items for Inclusion on the Corporate Risk Register</b> There were no new items for inclusion on the Risk Register.</p>	
<b>17:123</b>	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The next meeting was confirmed as <b>Wednesday, 9 August 2017 at 2pm</b></p>	
<p><b>RESOLUTION:</b>  <b>“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.”</b>  <b>(Section 1[2] Public Bodies (Admission to Meetings) Act 1960.</b></p>		
<p><b>SUMMARY OF PART 2 DISCUSSIONS</b></p>		
<ul style="list-style-type: none"> <li>▪ <b>ELMS Federated Practice</b> The report provided an update in relation to the review of the APMS Contract for the ELMS Federated Practice.</li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>PMS Timetable</b> Members received an update which confirmed the contract variation would come into place on 1 October 2017 and discussions are ongoing with the Practices in respect of their individual financial position.</li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>Extended Access to Primary Care</b> In view of the potential impact of the closure of the Walk-In Centre during the Autumn/Winter period which could destabilise the system at times of pressure, it was agreed to review the proposals and develop revised plans to ensure a safe and smooth transition for patients, whilst at the same time enable the new model of extended access in Hyndburn to be developed.</li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>Practice Updates</b> The report provided an update in respect of issues relating to individual Practices.</li> </ul>		