

**Notes of the Co-commissioning/Primary Care Leads meeting
held on 20th July 2017**

Attendees:		Apologies = A			
Jackie Forshaw (Chair)		Paula Gibson	A	Peter Sellars	
Sheena Wood	A	Jan Charnock		Lisa Cunliffe	
Sarah Bloy		Donna Roberts		Lorraine Boyd	A
Stephen Gough		Michelle Ashton	A		
Emma Bellamy		Nicki Watson			
Hafiza Ugradar		Stephen Toulmin			
Kate Pavlidou		Tracy Riddick		In attendance: Tony Grime (PCSE)	
Hazel Smith		Mark Lindsay		Notes: Helen Davies	

		Action
1	<p>Welcome and Apologies</p> <p>JF opened the meeting and introductions were made.</p> <p>Apologies were noted from Lorraine Boyd, Michelle Ashton, Sheena Wood and Paula Gibson.</p>	
2	<p>Notes From Last Meeting of the Co- Commissioning Management Group</p> <p>The minutes were agreed as an accurate record.</p>	
3	<p>Matters Arising</p> <p>None.</p>	
4	<p>Terms of Reference</p> <p>Updated Terms of Reference were distributed to the group.</p> <p>SB advised that there were a few minor amendments but the main change was the proposal that 1 or 2 lay members of each CCG delegated committee would be invited to be members of the group. JF added that it was felt it would really add value to the committee but welcomed views from the CCGs. DR suggested the invitation go out through Gill Truby.</p> <p>JF to invite lay members to the membership via Gill Truby.</p> <p>SG proposed that the agenda be split into two parts and JF agreed to think about this.</p> <p>CCG leads to review ToR and feedback comments to SB by the 3/8/17.</p>	<p>JF</p> <p>CCG leads</p>

<p>5</p>	<p>Medical Records Rollout</p> <p>TG gave a presentation on the new Medical Records movement service which is being rolled out across the north of England from the 17th July 2017 (see attached).</p>  <p>Stakeholder records rollout presentation.p</p> <p>Information about the new service has been sent out to practices via email and letter and reminder correspondence will also go out.</p> <p>The service was piloted last year in West Yorkshire, and following that various changes have been made after suggestions from practices. The new service aims to be more standardised, modernised and secure, which ensures patient confidentiality when moving paper medical records. It also improves the time it takes for records to be transferred from one GP practice to another and provides practices with a way of tracking the status of records.</p> <p>JF asked if TG had any updates from any other areas.</p> <p>TG replied that there was currently a delay with pensions, as the performers list had been working hard to clear the backlog; this had now impacted on the pension's team.</p> <p>HU raised concerns around the South Cumbria drug payment issues, and TG advised he will raise and feedback. HU also raised the issue of where pension deductions had been taken incorrectly, and NHSE had to make a payment to the practice to cover. TG agreed to look at and resolve.</p>	<p>TG</p>
<p>6</p>	<p>Electronic Referral Service</p> <p>A national programme has been established to oversee the delivery of the e-Referral Service paper switch-off by October 2018. The programme will be delivered through collaboration between NHS England, NHS Digital and NHS Improvement working in conjunction with Trusts and CCGs. The aim of the programme will be to deliver paper switch-off across England in a phased way from now until October 2018. A letter has gone out to all CCGs detailing the actions required.</p> <p>JF suggested setting up a WebEx with Daniel Hallen to discuss the implications and CCGs agreed that this would be useful. SB to arrange.</p>	<p>SB</p>
<p>7</p>	<p>MOU update</p> <p>JF explained that the aim of the MoU was to clarify the roles and responsibilities of NHS England and the CCGs. Meetings have been held with individual CCGs to explore any issues and JF has agreed to hold a 'page turning exercise' with CCGs who had expressed concerns. JF clarified that where there is a decision letter to be sent out and the CCG is at Level 3; then the letter should be on CCG letter headed paper.</p> <p>CCG leads were requested to review the MoU and feedback any comments to JF.</p>	<p>CCG leads</p>

	<p>JC requested that someone comes and talks through the MoU as West Lancs only recently Level 3.</p> <p>SB explained that she was working on process mapping for procurement and quality, which will be shared once completed, timescales planned for September.</p>	<p>JF/SB</p> <p>SB</p>
<p>8</p>	<p>Co-commissioning</p> <p>Events supported by NECS</p> <ul style="list-style-type: none"> ▪ Market engagement event feedback <p>The event held last week was well attended, mostly good feedback had been received but some attendees had thought the event was for another purpose.</p> <ul style="list-style-type: none"> ▪ Co-commissioning event <p>NECS and NHSE have been trying to arrange a Co-commissioning event for CCGs with difficulty in getting attendees. CCGs agreed that this was worth pursuing. SB to arrange.</p> <p>Zero Tolerance update</p> <p>The following update had been provided by SW:</p> <p>There is currently a service level agreement in place with a family practice located in South Cumbria up until April 2018. There is provision within the Contract agreement for the Zero Tolerance Service to manage these patients located in South Cumbria from April 2018. The provider, PDS Medical Ltd has been informed about this requirement.</p> <p>It was noted that there had been a few teething problems with IT systems with GP to GP transfers, and there only being one practice code for the Head Office in Blackpool. These issues are being worked through and resolved.</p> <p>EB raised concerns that the guidance had been circulated to the practices in Blackpool, which had caused an increase in referrals as there was an extra level in the process. JF apologised for this error.</p> <p>Atypical populations working group update</p> <p>Following the publication in December 2016 of NHS England's Guidance Note: GP Practices Serving Atypical Populations, NHS England has convened two working groups, incorporating relevant CCGs, for practices which have been identified as having:</p> <ul style="list-style-type: none"> • a high number of patients who do not speak English • University populations • High tourism levels <p>The working groups have been tasked with developing a service model specification to support the workload challenges of practices which are delivering services to the identified atypical populations in Lancashire and South</p>	<p>SB</p>

	<p>Cumbria.</p> <p>University populations - with CSRGP CCG and Morecambe Bay CCG - two meetings have now taken place. The outcome of the PMS reviews have been assessed by CCGs to gather current themes and evidence already supplied by their practices in relation to number and impact of registrations and appointment times. CCGs have said that they will contact their individual practices for discussions. Public Health profiles have been collated to help identify any local issues. A telephone conference has been scheduled with Richard Harrety (NECS) who is leading on the national work. We have also linked into NHS England Learning Environment, other NHS England colleagues, Transformation Team and LMC. It is hoped that a draft specification will be ready by mid-September 2017.</p> <p>Patients who do not speak English as a 1st language - with East Lancashire CCG – one meeting of this group has been held, next planned for early August. CCG has shared a document detailing local issues and challenges already identified by practices who are dealing with patients whose first language is not English which expanded on the national criteria. CCG asked to share copies of their PMS reviews originally collated by the CCG. The CCG has visited a practice to discuss and look at EMIS reports run to assess number of languages spoken by patients/length of consultations and follow up on issues identified in the original report. Option to use model of double appointment times used on schemes in East Lancashire – CCG to explore with colleagues and feedback from data reports re consultation times. The CCG is also looking into whether the Quality Contract should be reviewed to see if there are any links within this and whether the scheme fits with access models under consideration? NHS England Finance to carry out an initial review of practices to quantify funding issues for practices. Public Health profiles have also been collated to identify any local issues and challenges. The draft specification will also be ready by mid-September.</p> <p>Rural/ Isolated Populations East Lancashire has developed a specification for rural/isolated practices and this has been shared with Morecambe Bay CCG who are keen to learn from this.</p> <p>Level 3 Co-commissioning – procurement decisions</p> <p>It was noted that the flowchart which had been produced by NECs contained an error and it was clarified that CCGs at Level 3 have the delegated power to make decisions and should take their own legal advice.</p> <p>Discretionary Payments</p> <p>It was agreed that this would be picked up outside of the meeting.</p> <p>Out of area GP registrations</p> <p>It was agreed that this would be picked up outside of the meeting.</p>	
9	<p>GPFV Team Update</p> <p>Workforce update</p> <p>A delivery plan to look at increasing the GP workforce had been circulated to the</p>	

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