

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Wednesday, 8 November 2017
2pm at Walshaw House**

PRESENT:

Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair - Chair
Kirsty Hollis	Chief Finance Officer
Sharon Martin	Director of Performance & Delivery
Dr Tom Mackenzie	GP Locality Lead
David Swift	Lay Member - Governance
Mark Youlton	Chief Officer

In Attendance:

Debra Atkinson	Head of Corporate Business
Sarah Bloy	Senior Contracts Manager, NHS E
Kerry Galloway	Projects Manager, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Duncan McGrath	Head of Primary Care Development, Local Medical Committee
Collette Walsh	Head of Commissioning – Integrated Care

Min Ref:		ACTION
17:160	<p>Welcome & Chairs Update</p> <p>In the absence of Naz Zaman, Michelle Pilling took the Chair and welcomed everyone to the meeting.</p>	
17:161	<p>Apologies</p> <p>Apologies were received from Angela Brown, Dr Daly, Dr Dziobon, Jackie Hanson, Naz Zaman, Cllr Pate and Jackie Forshaw.</p> <p>Mark Youlton advised he had to leave at 3pm.</p>	
17:162	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: Dr Mackenzie and Duncan McGrath declared an interest in Agenda Item 11.1 and would be excluded from discussions. Any other interests declared during the meeting would be recorded. ▪ Quoracy: The meeting was quorate. [5 members required] 	
17:163	<p>Minutes of the meeting held on 13 September 2017</p> <p>It was noted that Dr Mckenzie had attended the meeting but was not listed as present and Mark Youlton's name was spelt incorrectly.</p> <p>Subject to the above amendments, the Minutes were approved as an accurate record.</p>	

17:164	<p>Action Matrix</p> <p>The Action Matrix was presented and updated as follows:</p> <p>17:136 MoU : Listed on the agenda for discussion. 17:138 Revised ToR : Listed on the agenda for discussion. 17:140 GP Retention Scheme : The Transformation Team at NHSE are working with Lisa Cunliffe to scope the numbers of GPs who may be eligible to apply. It was also noted that the STP Workforce Group are looking at future requirements in terms of GP retirements with a Regional target across the NW of approx 60 GPs which could have a potential impact. Lisa confirmed that in order to retain GPs, those GPs need to meet the criteria to be retained, noting that within EL there are currently 2 eligible GPs. She did not anticipate a significant demand.</p>	
17:165	<p>Matters Arising</p> <p>17:165.1 Memorandum of Understanding</p> <p>Collette Walsh outlined the process in place, confirming that following an internal review of the MoU, comments have been fed back and following a meeting at NHS E on 13 November, the CCG will receive a further draft. This would be further reviewed and discussed a meeting of the Co-Commissioning Group on 27 November with NHS E to finalise the document. Colette highlighted the importance of ensuring that the CCG has time to make a proper response and submit formally particularly as contracting issues are becoming more involved for the CCG.</p> <p>Sarah Bloy advised that the MoU relates to the 8 Lancashire CCGs and there is a need for consensus across all CCGs. NHS E have responded in terms of the suggestions made by EL and where they agree to make amends, these will be reflected in the draft. Sharon Martin stated that there will be a need for negotiation and other CCGs need to understand the depth of our discussions.</p> <p>The MoU would be presented back to each delegated Committee for sign off, recognising that in view of timescales and to ensure the MoU is right, the document would be effective within the next financial year.</p>	
	<p>17:165.2 Chairs Action : Revised Terms of Reference (ToR)</p> <p>Following discussion at the September meeting in terms of membership, the ToR had been further reviewed and Chairs Action was sought to approve the membership and to enable things to progress in terms of the election of another GP and Practice Manager.</p> <p>Collette advised that a communication had been issued requesting Expressions of Interest for a GP and PM as non voting members and confirmed that three EoI have been received for each role and there is a need a identify a process to appoint. The LMC had expressed some concerns relating to these appointments as they felt they were representative of all practices and queried why these appointments were being made.</p> <p>Discussion followed and the Chair referred to concerns raised at the Council of Members that members wanted more transparency. The majority of the membership were supportive of the LMC, but another cohort of GPs felt the LMC did not represent the entirety of general practice. This was an opportunity to</p>	

	<p>provide additional oversight and bring a different view and broader perspective. It was noted that a GB clinical lead had expressed an interest, however it was agreed that in view of openness and transparency, the GP representative should not be already involved at CCG level. In terms of inclusivity, the CCG recognise and welcome the contribution from the LMC but will continue with the process to include an additional GP and Practice Manager. The LMC had reservations but accepted the decision.</p> <p>Debra Atkinson advised that as part of the review of the ToR, benchmarking with other CCGs identified that PCCs had other GPs and Practice Managers included in their membership.</p> <p>Colette advised there was currently a lot of work ongoing with primary care and leaders are coming through from different settings. She pointed out that by inviting them into the decision making is working well and has been well received.</p> <p>Members supported the Chairs Action in approving the revised Membership.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Recruitment process to be considered outside the meeting, noting that the panel should include a Lay Member, have clinical input and include Healthwatch. ▪ ToR to be ratified by the Governing Body. 	<p>CW AM</p>
<p>17:166</p>	<p>Primary Care Strategy</p> <p>Members received the final draft of the Primary Care Development Strategy which builds on previous work in primary care and outlines the intentions going forward in respect of the out-of-hospital-care strategy. The document expands significantly on the GPFV, outlines the developing GP networks and care redesign, quality improvement, infrastructure and investment.</p> <p>Reference was made to the work of Paul Heggarty in reviewing the Care Redesign chapter and further work was ongoing in respect of urgent care, patient as partners, international recruitment and finance.</p> <p>NHS E considered this a very good document and links to the wider system. Lisa confirmed that the document had been shared with NHS E transformation colleagues and patient pathways would be included.</p> <p>David Swift felt there was not enough detail in the Strategy outlining what success looks like and asked how would we know if this has been achieved. He gave an example of a National benchmark for GPs and where are we compared to this in terms of the number of GPs we have. It was felt that an operational plan or Plan on a Page along side the Strategy would outline what we are to achieve and provide a summary on the strategic future state. It was also considered that an infographic will help to outline what we have now and what primary care will look like and what it will mean to patients. Lisa confirmed that through the primary care transformation plan, it is the intention to develop a project plan with evaluation criteria.</p> <p>The draft Strategy was to be discussed at the Patient Partners Board to obtain patient feedback and it was agreed a Plan on a Page would be helpful.</p> <p>The Chair felt the Strategy helps to acknowledge the good work ongoing in spite of the difficult working conditions and asked Members to forward any further</p>	

	<p>comments to be Lisa Cunliffe.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Develop a Plan on a Page to provide a summary on the strategic future state. 	LC
17:167	<p>Supporting Atypical GP Practices</p> <p>The report provided details of those GP Practices in EL with a significantly high ratio of patients who do not speak English and recognised that patient consultations with non English speaking patients represents an additional workload for these GP Practices. A Service Specification had been developed with the intention of compensating GP Practices for the additional workload, specifically for longer appointments which are necessary when caring for these patients.</p> <p>Andy Lavery had developed the service specification and he described the key principles and various indicators that support the selection of appropriate practices and summarised the potential payments under the scheme. He outlined the six tariff options identified to calculate the anticipated service cost. Following discussion, Option 6 was considered the preferred option – CCG reimbursement rate for clinical input (based on a GP Tariff of £87.50 per hour)/activity allowing up to 10% of non English speaking patients. Members highlighted the need to ensure there is enough supporting evidence to justify the activity levels and payments. Andy confirmed he would work closely with the Data Quality Team to extract the relevant information.</p> <p>The LMC recognised that a great deal of effort has gone into this work and Duncan thanked Andy for this. He felt the critical point was to make sure other practices can access in the future.</p> <p>Lisa advised there was national guidance relating to the three different characteristics that will not be covered by the Cahill formula. She advised that the National Primary Care Team have commended ELCCG on making progress in terms of developing two of the three service specifications relating to GP Practices serving Atypical populations. The Service Specification had been presented to the last meeting of the Co-commissioning Group and was well received as other CCGs have not addressed this as yet. It was proposed that East Lancashire pilot this service in anticipation of it being considered for implementation in other CCGs at a later stage.</p> <p>Kirsty Hollis, Chief Finance Officer pointed out that the EL population is becoming more diverse and this will affect more of our practices. It was sensible to have a robust process in place, however the resource would have to be capped at the level suggested as no additional funding is available from the Centre to support this and funding comes from the CCG resource. The Chair asked if funding would be available to support other practices who might receive a cohort of non English speaking patients. It was agreed it would be necessary to either dilute the funding or set parameters and important that regular reviews are built in. Lisa confirmed it was the intention to run this as a pilot, followed by a full evaluation and keep an eye on the national review of the Cahill formula. The aim is to specifically support the number of practices who are managing a large amount of different languages.</p> <p>NHS E had been involved with the national picture, and it was recognised that EL CCG are further forward than other CCGs and NHS E expressed their thanks for the work done.</p>	

	<p>Members acknowledged the work undertaken which has been recognised across the system and supported the recommendations :</p> <ul style="list-style-type: none"> ▪ That EL CCG pilot this service; ▪ Agree the content of the service specification; ▪ Support Option 6 as the preferred option of practice remuneration. ▪ Agree to review at 6 and 12 months and ensure a clear exit strategy is in place. <p>Andy outlined next steps which included working with the practices that this will start to affect and plan for the next financial year.</p> <p>The Chair congratulated Andy on his work.</p>	
17:168	<p>Co-Commissioning Management Group Minutes</p> <p>Members received the minutes of the Lancashire & South Cumbria Co-commissioning Group held on 14 September 2017 for information.</p>	
17:169	<p>Care Navigation Update</p> <p>The CCG has been working with West Wakefield Health and Wellbeing to explore options for developing a model of Care Navigation for East Lancashire. It was recognised that a significant amount of work has taken place, details of which were outlined in the report .</p> <p>Work is ongoing with service providers, commissioners and practice managers to take this forward and the Care Navigation Model has been rolled out to the Hyndburn, Ribblesdale and Rossendale localities. Online training licences had been issued to 142 members of staff and 137 members of staff have received face to face training. The model will be rolled out to all localities by 31 March 2018. Work is ongoing with service providers to develop access criteria for the services to be included in Phase 2 from April 2018.</p> <p>The Chair was interested in the impact of this on the workforce and patients and provided feedback from attendance at training events. She highlighted that patients constantly raise in engagement events that they don't understand the complexity of the system and want to be signposted to the right information and services that are joined up. She felt that the people attending the training have all benefitted from the learning about commissioned services some of which have been commissioned for many years, pointing out that if every GP receptionist across East Lancashire shared the same level of knowledge about services, this would be an achievement in itself.</p> <p>Kerry Galloway confirmed that these are issues that are always raised when having discussions with patients.</p> <p>ACTION: It was agreed that Healthwatch would be involved in future training events to understand the improvements and provide external input and evaluation.</p>	LC
17:170	<p>Patient Online</p> <p>The report provided an update position in relation to GP Patient Online which has designed to support GP Practices to offer and promote online services to patients. This includes booking and cancelling appointments, ordering repeat prescriptions and viewing their GP records.</p>	

	<p>Lisa confirmed this is a contractual requirement and is being led at a Lancashire and South Cumbria level by Declan Hadley and his Team. Practices are working towards 20% of their patients being signed up to online services and work is ongoing in terms of the methodology to achieve this target.</p> <p>Sarah Bloy made reference to an STP NHS Digital and Primary Care event on 7 December 2017 for GP IT leads and primary care leads from each CCG getting together to understand this in more detail, share good practice and align plans across the STP. Invitations had also been extended to secondary care consultant IT leads.</p> <p>The Chair highlighted that all CCGs have already delegated their budget to the Lancashire Team to support this. She also felt there is a need to understand our local strategy and it was confirmed that Kirsty Hollis was the Executive lead supporting Stuart Berry as the IT Clinical Lead.</p> <p>Reference was made to Appendix 3 in the report which detailed achievement towards the 20% target. Members felt there is significant variation on the spreadsheet and asked if any targeted support is being provided to those practices with a low uptake. The LMC confirmed they will discuss with practices as to how they can work together to support this. It was also agreed the next plans should include targeted work with the practices who are clearly struggling.</p> <p>David Swift referred to the NHS E letter attached to the report which outlined specific responsibilities for the CCG. Lisa confirmed this has been delegated to the CSU who were managing the process on behalf of the CCG.</p> <p>ACTION :</p> <ul style="list-style-type: none"> ▪ Lisa Cunliffe to liaise with Declan Hadley to understand how they are supporting the CCG to meet our responsibilities. ▪ Kirsty Hollis and Lisa Cunliffe to work together to support this. ▪ Action Plan to the December meeting to provide assurance. <p>Collette Walsh considered that the urgent care plans will put more pressure on practices in terms of bookability, which highlighted the need to consider how we book in and what is practical. It was confirmed this will be considered at the event on 7 December.</p>	LC/KH
17:171	<p>Any Other Business</p> <p>17:171.1 Items for Inclusion on the Corporate Risk Register It was confirmed that no new risks identified.</p>	
17:172	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Wednesday, 13 December 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>		
<p>SUMMARY OF PART 2 DISCUSSIONS</p>		
<ul style="list-style-type: none"> ▪ Extended Access to Primary Care The report advised that following an internal process to procurement standards, a Direct Award 		

for the GP Extended Access Service in Hyndburn had been made to pilot an improved access initiative as previously considered by the Committee. Members considered this an important milestone and a significant step forward as the service model will provide a significantly higher level of access outside core hours.

▪ **ELMS Federated Practice**

The report provided an update in relation to the review of the APMS Contract for the ELMS Federated Practice.

▪ **Application to Return to a GMS Practice**

Members approved an application for a Practice to exercise their right to return to a GMS Contract.

▪ **Practice Updates**

The report provided an update in respect of issues relating to individual Practices.

▪ **PMS Timetable**

Members received an update which confirmed that the contract variation process was now complete.

▪ **APMS Mobilisation**

The report provided an update in relation to the mobilisation of two recently re-procured APMS Contracts for General Medical Services.

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