

NHS EL CCG Primary Care Committee
Minutes of the meeting held on Wednesday, 10 January, 2018
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
Dr Tom Mackenzie	GP Locality Lead
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair
David Swift	Lay Member - Governance

In Attendance:

Kerry Galloway	Projects Manager, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Anne Macleod	Corporate Administration Manager - Minutes
Collette Walsh	Head of Commissioning – Integrated Care

Min Ref:		ACTION
18.01	<p>Welcome & Chairs Update</p> <p>The Chair welcomed everyone to the meeting and wished Members a Happy New Year.</p>	
18.02	<p>Apologies</p> <p>Apologies were received from Dr Daly, Mark Youlton, Dr Dziobon and NHS England.</p>	
18.03	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest : <ul style="list-style-type: none"> ➢ Michelle Pilling declared an interest in Agenda Item 6.2, Womens Refuge Update as she was considering a role on the Calico Board. ➢ Naz Zaman declared an interest in Part 2 Agenda Item 12 APMS Procurement Update due to her involvement with ELMS. ▪ Quoracy : The meeting was quorate. [5 members required] 	
18.04	<p>Minutes of the meeting held on 8 November 2017</p> <p>It was noted that David Swift's name was spelt incorrectly in Min 17:170. Subject to this amendment the minutes of the meeting held on 8 November 2017 were approved as an accurate record</p>	
18.05	<p>Action Matrix</p> <p>The Action Matrix was presented and updated as follows:</p>	

	<p>17:136 - Memorandum of Understanding (MoU) This was near completion, although there were some outstanding issues relating to Quality and Safeguarding. The CCG had submitted a few recommendations but these did not translate within the document and further discussions will take place with NHS E to finalise the document.</p> <p>ACTION: Completed document to be presented to the February meeting.</p> <p>17:166 - Primary Care Strategy This was now finalised and currently with the Communications & Engagement Team for formatting prior to publishing. Lisa confirmed she is working on a Plan on a Page as previously requested, which will follow the headlines of the Primary Care Strategy and would be presented to the February meeting.</p> <p>There is a need to ensure the Strategy links with the STP Primary Care Strategy and the Committee would receive the final version prior to formal launch. It was also suggested that the launch would include a communication regarding the role of the Primary Care Committee to set in context.</p> <p>ACTION: Plan on a Page and final version of the Primary Care Strategy to be presented to the February meeting.</p> <p>17:170 - Patient Online Lisa confirmed there is a contractual requirement for GP practices to deliver online services to patients in terms of prescriptions, access to records, booking appointments etc. This work is being led by Declan Hadley across the STP footprint.</p> <p>CCGs are being monitored against a national target and at an assurance meetings with NHS E the CCG was identified as having a low uptake. A pilot has been undertaken to identify struggling practices and Stuart Cooper and the CSU are providing support. An event was held in December to bring together CCG and primary care leads to look at how to improve uptake.</p>	<p>CW</p> <p>LC</p>
<p>18.06</p>	<p>Matters Arising</p> <p>18.06.1 Terms of Reference Update Collette Walsh provided an update following the interviews and thanked David Swift and Kerry Galloway for their input. A number of very high quality candidates were interviewed and it was confirmed that Dr Alia Bhatt had been appointed as the GP representative and Melanie Rawes appointed to the Practice Manager role and both would be invited to the next meeting.</p> <p>Collette felt it was important to consider ways of involving those unsuccessful candidates into workstreams in the future, as there was a positive attitude to engage in the CCG work, which was particularly highlighted at the Practice Managers Forum held earlier in the day.</p> <p>ACTION: Invite Dr Bhatt and Melanie Rawes to the 14 February meeting.</p>	<p>CW</p>
<p>18.08</p>	<p>Women's Refuge Updated Service Specification</p> <p>Michelle Pilling declared an interest in this item.</p> <p>Lisa Cunliffe presented the report and confirmed that the CCG currently commissions an enhanced service for the provision of general medical</p>	

	<p>services to women and children resident in the two facilities in Burnley and Pendle. Two practices support the Refuge to ensure those vulnerable people have access to health services and to ensure their health needs are met. The service specification is updated annually to ensure it delivers the appropriate services.</p> <p>The facility in Burnley has extended significantly over the last 6 months; Janes Place is a purpose built refuge comprising 15 flats, providing more long term support for female victims of domestic abuse with very complex needs. In addition 14 safe houses are available, 3 of which accommodate male victims of domestic abuse. The Practices are struggling to deliver services as the Refuge extends and accommodates more residents. In view of this the service specification has been revised to include a Tier 2. This will take into account the additional workload associated with provided medical services to a vulnerable population with complex health and social care needs, which are over and above that already provided by the Burnley practice. It is recognised that the Practice have a good relationship with the Refuge, the Health Visitors and Safeguarding Team</p> <p>The Refuge in Pendle will have Tier 1 support and the CCG has written to the incumbent provider, advising that the expectation is that they will provide the CCG with monitoring data. If they are unable to deliver the revised Service Specification, Expressions of Interest will be requested from other practices in the locality.</p> <p>Members approved the amendments to the Service Specification and the additional resource to fund the additional workload.</p>	
<p>18.09</p>	<p>GP Online Consultation Bid</p> <p>In presenting the report, Lisa confirmed that the GP Online Consultation Programme links with the GP Patient Online, and is announced as part of the GP Forward View. Resource will be available to start to embed online consultations in general practice.</p> <p>Lisa confirmed this is a draft STP wide proposal which was forwarded to CCGs for comment and consideration. Initial feedback was requested and provided before the deadline of 29 December 2017. The final bid is due to be submitted to NHS E on 9 January 2018.</p> <p>The bid will start to establish the underpinning infrastructure to support patients to use online consultations and it is proposed to identify a number of primary care networks where they could start to embed this and explore how GP online will work. This will be followed by some shared learning prior to roll out.</p> <p>CCGs have been asked to confirm that they fully accept the net revenue implications of the programme and will continue to support the scheme once the national funding stream ceases after 3 years. However Kirsty pointed out that it is not yet known what the ongoing revenue costs are likely to be.</p> <p>Discussion followed which highlighted concern and confusion in terms of costings as the plan referred to 17 Primary Care Networks (PCNs) but only identified costings for 12 e-consultation licences. It was also considered that EL CCG should have more than 2 Exemplar PCNs, being a larger CCG. Costings were also considered to be expensive when compared to</p>	

	<p>telemedicine.</p> <p>Members asked if Dr Stuart Berry has had any involvement, as IT Lead and if there has been some testing of the market, however it was confirmed this is a national framework and part of a national programme in terms of providers.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Establish the costs involved before confirming agreement. ▪ Update to the 14 February meeting. 	LC
18.10	<p>Primary Care Committee Meeting Schedule 2018</p> <p>Subject to checking the date for the August meeting, Members approved the meeting schedule for 2018.</p> <p>NB: The August meeting date is now confirmed as 8 August 2018.</p>	
18.11	<p>Co-Commissioning/Primary Care Leads Minutes</p> <p>Members received the minutes of the meeting held on 9 November 2017.</p> <p>David Swift pointed out that East Lancashire is highlighted as being overbudget on the delegated budget this year. Kirsty Hollis advised there had been an error in the calculation of accruals in respect of QoF and Local Enhanced Schemes. She also pointed out that some of the premises costs and changes to NHS property services and charges from community health partnerships has also caused a pressure that is not funded and the CCG had to pick up the costings this year.</p>	
18.12	<p>GPFV – Strategic Data Collection Service Return</p> <p>The Data Collection Service Return outlines how the CCG is spending its resource in respect of the GP Forward View and is submitted on a monthly basis to NHS E. The report was presented for information and discussion followed.</p> <p>Lisa confirmed that good progress is being made in relation to the care navigation model which has been rolled out across three localities, 245 online licences have been issued and 200+ staff have received face to face training. It was agreed there is a need to monitor and understand the impact this is having, particularly in Hyndburn.</p> <p>Jackie Hanson referred to the data which highlighted that 6% of the proportion of the CCG population are benefitting from extended access. Lisa advised that the current return identified 21% due to extended access in Hyndburn.</p> <p>With reference to extended access, Kirsty provided feedback on the £1,004m resource received from NHSE, confirming that the CCG is fighting to retain the whole of this allocation. As extended access has only gone live in Hyndburn, only £300 has been received and the remainder has been retained by NHS E as the CCG has not mobilised quickly enough.</p> <p>Collette Walsh confirmed that a series of meetings have taken place and it is the intention to go out to procurement in February to get Extended Access in place by October 2018. This was to be an integrated approach with primary</p>	

	<p>care and urgent care, to streamline the process. She pointed out that if there is a delay in integrating with urgent care, this will impact on extended access, pointing out that BwD CCG are also looking at a streamlined approach.</p> <p>A Quality Event was planned in February to look at same day primary care access and the Transformation Steering Group, including the Federations were also having discussions regarding same day primary care access.</p> <p>A limited model was currently available in Hyndburn covering the winter months. Going forward there is a need to consider where the hubs are to be located, which is dependent on the location of the Urgent Treatment Centres. It was agreed to look at the procurement options in terms of alignment and and have further discussions with urgent care regarding the options available.</p> <p>ACTION: Extended Access options appraisal to be presented to the 14 February meeting.</p>	CW
18.13	<p>Any Other Business</p> <p>18.13.1 Items for Inclusion on the Corporate Risk Register There were no additional items for inclusion on the Risk Register.</p>	
18.14	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Wednesday, 14 February 2018.</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>		