

**Notes of the Co-commissioning/Primary Care Leads meeting
held on 11th January 2018**

Attendees:		Apologies = A			
Jackie Forshaw (Chair)		Paula Gibson		Hafiza Ugradar	
Sarah Bloy		Jan Charnock	A	Lisa Cunliffe	
Tricia Spedding		Donna Roberts		Michelle Ashton	
Barbara McKeowen		Rachel Forster		Kate Pavlidou	
Emma Phillips (nee Bellamy)		Mark Lindsay		Daniel Hallen	
Glenn Harrison		Stephen Toulmin		In attendance: Notes: Helen Davies	

		Action
PART ONE		
1	<p>Welcome and Apologies JF opened the meeting and introductions were made.</p> <p>Apologies were noted from Paul Richardson, Jan Charnock, Judith Hodson and Peter Tinson.</p>	
2	<p>Notes From Last Meeting of the Co- Commissioning Management Group The minutes were agreed as an accurate record.</p>	
3	<p>Matters Arising</p> <p>Zero Tolerance – SB is still progressing the recharging process issue with the CSU.</p> <p>Procurement query/MOU – JF to re look at. HU to discuss CCG attendance at next Procurement working group.</p> <p>IG reports – SB will pick up with SD for the next meeting.</p> <p>National CV rationalisation exercise – SB still progressing.</p> <p>GPFV data return – EP queried the 3rd return, JF to look into.</p> <p>Christmas/New Year assurance – CCGs reported that a further request for data had been received. JF instructed CCGs to respond as soon as practical and not to put systems under any extra pressure at this time.</p>	<p>SB</p> <p>JF HU</p> <p>SB</p> <p>SB</p> <p>JF</p>

<p>4</p>	<p>Electronic Referral Service (e-RS) DH (Head of Digital Technology) provided an update on the rollout of e-RS.</p> <p>From the 1st October 2018, if a referral hasn't been made through the new system, then it will result in non-payment. DH advised there is a national resource for training for practices, and requested CCGs to assess practice training needs and feedback to him via email (Daniel.hallen@nhs.net).</p> <p>It was suggested that a CCG representative attend the e-RS steering group and EP agreed to attend and feedback.</p> <p>DR advised that a Referral Management Centre is used in GP & CSR and DH questioned whether this will be needed in the future. DR advised that she will ask Liz Crossland to pick up with DH.</p> <p>DH advised that e-RS will be integrated into other systems such as EMIS in the future. Dental/Optom referrals will also be looked at.</p> <p>It was agreed that e-RS would be included as a standing agenda item.</p>	<p>CCG leads</p> <p>EP</p> <p>DR</p> <p>HD</p>
<p>5</p>	<p>Feedback on Winter CCGs provided feedback on how each area coped over the Christmas/New Year period and conveyed that in some areas there were unfilled GP appointments. Primary Care were reported as coping well but acute trusts, particularly A&E departments were still under significant pressure.</p> <p>JF reported that there had been issues with long call waiting times for 111, additional capacity had been provided but hadn't proved to be sufficient.</p>	
<p>6</p>	<p>Co-commissioning</p> <p>Atypical population working group update University populations A service specification has been produced and circulated. MB CCG continues to have discussions with the Lancaster practice to establish evidence/data.</p> <p>DR advised that GP CCG is refining its specification and a paper is due to be submitted to the Delegated Committee in February.</p> <p>South Lakes rurality Work is in progress and a scoping exercise has been carried out which has identified three or four practices which meet the draft criteria. There is a task and finish group working with the Central Lakes Medical Group to develop a specification to address their needs.</p> <p>Patient Allocations SB reported that this is a continuing problem, mainly in GP & CSR, but also in East and West Lancashire. DR advised that practices have been written to regarding the issue, and the problem is mainly due to the care homes. DR advised that a specification for care homes is currently being developed, which should help educate the care homes with the correct procedure. JF suggesting sharing the specification with CCG colleagues and DR agreed to do this.</p> <p>JF queried whether the CCG had considered issuing breach notices, and that</p>	<p>DR</p>

	<p>this should be done if the issue continues. DR agreed to feedback on progress to JF and SB.</p> <p>Changes to NHS England core team and impact to the MOU JF informed the group that due to the South Cumbria boundary change, a case for re-current additional funding was due to be presented to SMT. JF to feedback at next meeting.</p>	<p>DR</p> <p>JF</p>
<p>7</p>	<p>STP/Primary Care Programme Board</p> <p>GPFV team update International Recruitment Bid – JF reported that this had been approved but was unsure when the additional GPs would arrive; timescales are due to be confirmed by the national team shortly. Even with the additional 140 GPs and encouraging retiring GPs to come back to work, workforce is still a huge challenge.</p> <p>KP encouraged CCG colleagues to attend the steering group on the 7th February 2018.</p> <p>GP Clinical Pharmacists in General Practice Scheme - JF advised that the Lancashire and South Cumbria DCOs local allocation for the Clinical Pharmacists in General Practice scheme in 2017/18 is 2.5 WTE Senior Clinical Pharmacists and 12 WTE Clinical Pharmacists.</p> <p>To date there have been eight successful applications during the first three phases of the scheme. Each application consists of a group of practices working at scale across a minimum population of 30,000 patients. In total these applicants will recruit 2 Senior Clinical Pharmacists and 11 Clinical Pharmacists.</p> <p>The portal has re-opened and applicants will have until 19th January 2018 to submit their application to be considered for phase four of the scheme.</p> <p>Practice Manager Development Program – JF advised that funding was available via the LMC to deliver training to practice managers. A task and finish group has been established and a launch event is to be arranged. ST to feedback at next meeting.</p> <p>Primary Care Delivery Plan Positive feedback has been received by the STP board, CCB and the regional team and the plan will be shared with the LDP's.</p> <p>Commissioning Framework A Commissioning Development workshop is to be held on the 30th January 2018 to consider how services should be commissioned in the future. The proposal is for commissioning to operate at three levels:</p> <ul style="list-style-type: none"> • Collective (STP level – do once) • LDP (ACP level - do five times) • Neighbourhood (smaller community level of around 30-50,000 population - do numerous times) 	<p>ST</p>

<p>8</p>	<p>Primary Care standards</p> <p>Discussion took place on the primary care standards which have been developed by Malcolm Ridgeway. JF asked CCGs to consider including the standards within their quality contracts for 2018/19 and concerns were raised collectively about the short timescales.</p> <p>DR raised an issue with the clinicians for CSR and GP CCGs around the standard for moving to longer appointment times even though for 2018/19 it is just a planning aspiration.</p> <p>JF added that the standards would be an aspiration; something to work towards. CCGs to consider.</p>	<p>CCG leads</p>
<p>9</p>	<p>CCG Assurance Process</p> <p>JF reported that she had met with the Assurance and Delivery team.</p> <p>JF suggested including data on the indicators in the reports to the Primary Care Quality Forum for diabetes and patient feedback. CCGs agreed with the proposal. ML to revise the PCQF report to incorporate.</p>	<p>ML</p>
<p>10</p>	<p>Finance Update</p> <p>Structure of CCG and finance teams</p> <p>Reflections on 17/18 – improvements and ways of working for 18/19</p> <p>HU advised the group that there was a Co-Commissioning Finance group who meet bi-monthly and Heads of Finance from each CCG attend. The group looks at things such as national updates. HU advised that she wants to look on areas that can be improved on for 2018/19 and it would be helpful to see what each CCG does. The finance group agenda covers co-commissioning finance updates, discussion of issues and HU gives regional and national updates along with any local meetings (CCMG). HU asked about primary care team set up at each CCG and welcomed suggestions on how communication and working relationship can be improved for 2018/19.</p> <p>SB reported that HU now receives the minutes from each CCG delegated committee.</p> <p>Discussion took place on how communication could be improved and JF suggested that a CCG Finance representative be invited to the CCMG meetings, HU agreed to suggest at the next meeting.</p>	<p>HU</p>
<p>11</p>	<p>Nursing and Quality Update</p> <p>GH advised that the Complaints report for Quarter Two was circulated to CCGs at the end of November 2017. The report for Quarter Three is currently in draft, and will be presented to SMT at the end of January 2018. Once signed off, the report will be circulated to CCGs. CCGs commented that they felt the report did not go into enough detail. GH advised that while it was not possible to go into more detail for every complaint within the report, if more information was required then this would be provided on request.</p> <p>GH raised the issue of practices not providing responses to complaints or the responses being of poor quality and advised that he was linking in with Lee Bennett from the national team, and they were looking at providing training in order to support practices to improve performance around responding to</p>	

	complaints.	
12	<p>Public Health update TS provided an update on the current work programmes.</p> <p>Immunisations</p> <ul style="list-style-type: none"> • 0 – 5 immunisations - local immunisation data shows a variation across the 0 - 5 years immunisation programmes with particular areas of poor performance within East Lancashire, Greater Preston, Blackpool and Blackburn with Darwen CCGs. A Pennine multi-agency group has been established with representation from NHS England, Local Authorities and CCGs and joint actions have been developed to target specific practices using existing locality links within the CCGs. This approach is being replicated within Greater Preston and Blackpool by extending the current groups that are focusing on improving cancer screening uptake within these CCGs. • Seasonal Flu – Overall activity appears to be ahead of the same position last year. Four of the CCGs have achieved the target (40% - 65%) for the 2 - 3 year old cohort, which is a significant improvement on previous years. The uptake of the vaccine in the under 65 at risk cohort is lower than the same reporting period compared to last year, and examination of the uptake shows that additional work is required in the 9 to 16 year old age group. The primary school flu programme achieved national targets across all LAs and CCGs areas and the public health team is working with providers to confirm localities where additional vaccination opportunities should be provided. <p>CCGs advised they weren't aware individual practice data could be accessed. TS informed the group that the data is provided to CCG members of the Screening and Immunisations Oversight Group with the expectation that this information should be shared across the CCG. TS agreed to include Primary Care Leads in future distribution of screening and immunisation information relevant to CCGs.</p> <p>TS highlighted the recent communication from the national team (attached) in relation to the recent advice from the Joint Committee on Vaccination and Immunisation (JCVI) on adjuvanted trivalent flu vaccine that can support local decisions on optimal choice of influenza vaccine for the 2018/19 season. The letter notes additional national funding for the vaccine in relation to those aged 75 years and over, however it is yet unknown what this funding envelope will be. As CCGs currently reimburse practices for vaccines, TS advised that a decision will need to be made collectively on whether to use the vaccine for the over 65's as this would incur an additional cost. A decision will need to be made as soon as possible due to timescales for ordering the vaccines.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="263 1839 432 1951">  2018-19 aTIV vaccine_NHSE.Final.1 </div> <div data-bbox="475 1839 678 1951">  PHE - Summary of data to support the d </div> </div>	TS

	<p>Screening</p> <p>Two multi-agency task and finish groups have been established within Blackpool and Greater Preston with the aim to develop joint actions to target practices of low performance for cervical screening. There has been a focus on the potential inclusion of specific cancer screening key performance indicators (KPIs) within the GP quality contracts, roll out of the pre-invitation postcard developed by patient and public engagement, distribution of standards to share with local practices to ensure a positive patient experience and the development of a communication plan using local case studies.</p> <p>TS noted that although performance for cervical screening does need to improve it has been recognised that some of the lower performing practices have increased coverage for 2016 compared to 2015. The practices with the most improved uptake will be commended at the forthcoming 'Sharing Best Practice' events in March 2018. TS will provide a list of these practices once confirmed.</p>	TS
13	<p>Individual CCG updates</p> <p>A template has been produced and circulated as requested to assist CCGs with providing meaningful feedback.</p> <p>CCGs had no further updates or issues to feedback.</p>	
14	<p>Any other business</p> <p>None.</p>	
15	<p><u>Date of Next Meeting:</u></p> <p>Thursday 8th March 2018</p> <p>10.00-12.00pm</p> <p>Room 231 Preston Business Centre</p>	

PART TWO

16	<p>Feedback from PCC event</p> <p>ML provided feedback from the event on the 7th December 2017 on the Primary Medical Care Policy and Guidance Manual.</p> <p>The event emphasised the responsibilities and liabilities of Commissioners and that Commissioners should familiarise themselves with the new policies/timeframes/information required in order to increase partnership working.</p> <p>Any key areas or new chapters are highlighted in the Executive Summary of the Manual, e.g., Assurance and Contract Review, Reporting of Breaches, Special Allocations Scheme.</p> <p>The next step for NHS England Team central team is the development of a network to increase discussion, testing of ideas, etc.</p> <p>If anyone has queries, these can be raised with the central team at NHS England (england.primarycareops@nhs.net).</p>	CCG leads
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