

**East Lancashire
Clinical Commissioning Group**

**NHS EL CCG Primary Care Committee
Minutes of the meeting held on Monday, 21 December 2015
3:30pm at Walshaw House**

PRESENT:	Michelle Pilling	Lay Member, Quality & Patient Engagement/ Deputy CCG Chair – Chair
	Jackie Hanson	Director of Quality & Chief Nurse
	Sharon Martin	Director of Performance & Delivery
	David Swift	Lay Member – Governance
	Mark Youlton	Chief Finance Officer
In Attendance:	Lisa Cunliffe	Primary Care Development Manager
	Sarah Danson	NHS England
	Fiona Ford	GP Lead – Primary Care Development
	Dr Phil Huxley	CCG Chair
	Dr Mike Ions	Chief Clinical Officer
	Dr Ian Whyte	Clinical Lead, Ribblesdale Locality – for Item 6.2

Min Ref:		ACTION
15.137	<p>Welcome & Chairs Update</p> <p>Michelle Pilling, Chair of the Committee welcomed everyone to the meeting and introductions were made.</p> <p>She thanked NHS E for providing a training session she had recently attended relating to the management of conflicts of interest which would be opened up to other members of the Committee.</p>	
15.138	<p>Apologies</p> <p>Apologies were received from Jackie Forshaw, Gill Brown, Dr Ford and Angela Brown.</p>	
15.139	<p>Governance:</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: GPs in attendance declared an interest in issues relating to primary care. ▪ Quoracy: the meeting was quorate. 	
15.140	<p>Minutes of the meeting held on 16 November 2015</p> <p>The minutes of the meeting held on 16 November 2016 were approved as an accurate record.</p>	
15.141	<p>Action Matrix</p> <p>15.125 : Hot Topics Planning of Hot Topic Protected Learning Time events was underway and venues were being sourced. A communication would be issued to all Practices advising GPs that sessions would be planned locally.</p> <p>15.128 : Winter Resilience Each practice has developed their own communication plan and the Comms & Engagement Team were supporting this.</p>	

	<p>A Service Specification had been issued to all GP practices asking them to consider increasing routine capacity during the weeks before, inbetween and the week after Christmas. A response had been received from 26 practices who intended to extend routine access, providing an additional 1462 appointments in primary care. A request had been made for further Expressions of Interest for increased access and each practice was to provide details of how they will notify their plans to patients. A plan had been issued to NHS E outlining extended access and increased capacity in OOH.</p>	
<p>15.142</p>	<p>PMS Update</p> <p>Lisa Cunliffe, Primary Care Development Manager, provided an update confirming that contract variations had been issued to all PMS practices.</p> <p>It was agreed that a reminder would be issued to Practices to consider the plan and return with a deadline of the end of January 2016. It may be necessary to establish the Review Panel to consider next steps if a Practice is not willing to sign. Membership would include a Lay Member, Executive Director and NHS E representative. If a Practices is likely to have a conflict, the LMC will be involved to provide advice.</p> <p>ACTION : Review the position at the end of January.</p>	
<p>15.143</p>	<p>Over 75s Funding – Ribblesdale Locality</p> <p>Dr Ian Whyte was in attendance for this item.</p> <p>The report provided details of how the unallocated Over 75s funding from 2014/15 would be utilised in the Ribblesdale locality to extend primary care appointments for patients over 75 to allow a more thorough assessment of patients' needs. The unallocated funding to support the service until 31 March 2016 was confirmed as £49,000. Details of how the locality proposed to measure the success of the initiative were outlined and performance monitoring reports would be submitted by practices.</p> <p>It was recognised that similar funding had been approved for other EL CCG localities, noting that feedback was good and a positive impact had been made in the localities.</p> <p>The Chair confirmed that the additional funding was to support Practices to provide additional services for the over 75s such as focusing on providing extra capacity. By extending appointments for the over 75s, there was a need to ensure appointments for other patients, requiring practices to work differently or backfill.</p> <p>Going forward it was important to have evaluation of the schemes in each of the localities and for Practice Managers to be involved to identify areas of good practice in terms of what is working and what is not. If successful, extended appointments for over 75s would be included in the Quality Framework.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Locality Managers to be asked to provide Evaluation Reports when performance monitoring was complete. 	<p>RD</p>

	<p>The Committee approved the non recurrent funding of £49,000 to support the proposal.</p>	
<p>15.144</p>	<p>Quality Review Update</p> <p>Lisa Cunliffe presented a report outlining the work ongoing with NHSE to develop a local process for the monitoring, review, support and escalation of quality issues relating to General Practice. Subsequently NHS E are developing a Quality Risk Profiling Toolkit and Review Process that is currently being rolled out across the NW and will be introduced to all providers. Lisa confirmed that the two programmes of work are complimentary.</p> <p>The CCG process had been reviewed by the Quality Review Group (QRG) and was attached to the report. There were concerns that not all the information required by NHSE is readily available to the CCG and discussions were ongoing to better understand the process to take this forward. There was a need for clinical support to the QRG and this would be considered as part of the role of the Clinical Directors. Subsequently a letter had been received from NHSE regarding support for vulnerable GP Practices, outlining national criteria for identifying vulnerable practices, with a request that local NHSE teams provide details of those GP practices they have agreed to support by 28 January 2016.</p> <p>Lisa confirmed the Local Area Team are working closely with the CCG and have requested representatives from the CCG to sit on a panel to consider practices who will need support, noting that the CCG have already identified practices who might benefit for some support.</p> <p>Members felt the Trigger Tool was helpful but queried if the quality profile was adaptable for primary care. Regarding quality monitoring, there was a need to establish the process for the release of the information held by different organisations to identify themes and trends, particularly relating to practice complaints.</p> <p>Discussion followed and there was confusion as to where the legal responsibility currently sits, particularly if practices are failing and patients are at risk of harm. It was noted this was raised initially when the co-commissioning Memorandum of Understanding was being prepared and more clarity was required. Concerns were also expressed regarding the capacity to support this work which could be a potential risk for the future. However it was recognised that EL are ahead of other CCGs in terms of process etc.</p> <p>The LMC highlighted the need to recognise where a practice might be struggling and to identify what can be done through a supportive approach.</p> <p>There were different levels and timescales to develop a plan to address the issues within Practices. If the issues are not addressed, the review would move to the next level and identified thresholds, until it becomes a performance issue. Practices would be made aware of any consequences if there was non compliance.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ The CCG do not receive details of incidents in primary care and 	

	<p>discussion is required with NHS E to ensure a process is established including contractual issues.</p> <ul style="list-style-type: none"> ▪ Discuss support mechanisms with Member Practices, including a briefing for Practice Managers. ▪ Consider Clinical Directors input. ▪ Review of the MoU. <p>The Chair thanked Lisa for her report. It was recognised this was work in progress, requiring further discussion to be clear about who is doing what and the direction of travel.</p>	SD/LC
15.145	<p>Delegated Function Self Certification</p> <p>Members received the completed self-certification return submitted to NHS E regarding the delegated functions which the CCG took responsibility for from April 2015. Submissions are required on a quarterly basis and would be signed off and shared with the Committee for information.</p> <p>It was reported that Internal Audit were reviewing this as part of their Audit Plan.</p>	
15.146	<p>Any Other Business</p> <p>15.146.1 Items for inclusion on the Corporate Risk Register There were no new items for inclusion on the Register.</p>	
15.147	<p>Date & Time of Next Meeting</p> <p>It was agreed that the meeting scheduled for Monday 18 January 2016 would be rearrange due to a number of absences.</p> <p>Apologies from SM, MP, LC, JH, MI (Not quorate)</p>	