

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Monday, 18 May 2015
2pm at Walshaw House**

PRESENT:

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| David Swift | Lay Advisor – Chair |
| Sharon Martin | Director of Performance & Delivery |
| Michelle Pilling | Lay Member – Quality & Patient Engagement |
| Tom Wolstencroft | Lay Member – Governance |
| Mark Youlton | Chief Finance Officer |

In Attendance:

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| Angela Brown | Director of Corporate Business |
| Gill Brown | Chief Executive, Healthwatch Lancashire |
| Sarah Danson | Assistant Contracts Manager, NHS E |
| Jackie Forshaw | Head of Primary Care, NHS E |
| Dr Fiona Ford | GP Lead – Primary Care Development |
| Peter Higgins | Chief Executive, Local Medical Committee |
| Dr Phil Huxley | CCG Chair |

| Min Ref: | | ACTION |
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| 15.31 | <p>Welcome & Chairs Update</p> <p>The Chair welcomed everyone to the meeting.</p> | |
| 15.32 | <p>Apologies</p> <p>Apologies were received from Dr Ions, Jackie Hanson, Cath Randall and Lisa Cunliffe.</p> | |
| 15.33 | <p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest – None received and no additional declarations over and above those already registered with the CCG. ▪ Quoracy – The meeting was quorate. | |
| 15.34 | <p>Minutes of the meeting held on 20 April 2015</p> <p>The minutes of the meeting held on 20 April were approved as an accurate record, subject to the amendment of a typo at min no: 15.18.</p> | |
| 15.35 | <p>Action Matrix</p> <p>Min: 15.16 NHS E Contracting Meeting Jackie Forshaw confirmed that two EL practices were included in the handover. ELMS were being proactive and had met with NHS E the previous week. Actions were agreed and a short term action included a meeting with finance colleagues to clarify issues.</p> <p>A further issue related to the potential repossession of Practice premises. A Court hearing had taken place but the Judge was unable to make a decision, as elements from the defence required further consideration, which need taking forward. The trial is scheduled for August to October.</p> | |

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| | <p>The GP was to keep the CCG informed of progress noting that Lisa Cunliffe was leading this work and would provide an update to the next meeting. It was agreed that further discussions would take place in Part 2 of the meeting.</p> <p>Min: 15.21 – Terms of Reference The ToR would be presented to the GB on 1 June for ratification.</p> <p>Min: 15.22 – Delegation Agreement The four lines of enquiry remained an ongoing issue:</p> <ol style="list-style-type: none"> 1. Schedule 5 - a national response was awaited relating to CCGs being able to exercise the duties in respect of delegated fund in accordance with its own SFIs and SoD. 2. Technical document – guidance had been received outlining how transactions will work, noting that Month 1 will be a dry run. A set of financial principles would be appended to the MoU. 3. PC Payment Service – it was confirmed this is within scope and included in the specification. 4. MoU to be signed off by end of April. The MoU was received by the Management Group and final comments were requested within the week to enable sign off by 30 April 2015. It was agreed the document should be updated quarterly. <p>Min: 15.23 – Primary Care Development SM had discussed the capacity of the Primary Care Team with LC and this would be considered as part of the wider team review.</p> <p>Min: 15.24 – Co-commissioning Delivery Plan A detailed plan was not yet available and a national template was awaited, however headings had been identified that would be included in the plan. A response was awaited from the National Commissioning Central Team as to when CCGs can receive flexibility regarding an extension of the timeframe to develop a plan as the initial requirement of 2 months had now passed.</p> <p>It was noted that no documents had been produced as yet from other CCGs.</p> <p>Min: 15.26.2 Over 75s Proposals SM advised that work was ongoing to identify outcomes against the funding, which fits into a wider piece of work and a report would be presented to the July meeting.</p> | <p>LC</p> <p>AB</p> <p>SM</p> <p>SM</p> |
| <p>15.36</p> | <p>Matters Arising</p> <p>15.36.1 PMS Reviews Update</p> <p>Sharon Martin provided an update following discussions at previous meetings relating to the risks associated with the removal of PMS funding to bring into line with GMS funding. PMS review visits had been undertaken jointly by the CCG and Area Team to five practices and CCG only visits were also being scheduled to four practices and due to be completed by the end of June. An interim report would be presented to the June meeting of the Committee outlining findings, with a full report to the July meeting.</p> <p>On completion of the visits the outcomes would be reviewed to provide an overview of the impact on those practices. There was a need to be clear of the level of risk to PMS practices and how the CCG is to reinvest that funding</p> | |

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| | <p>into primary care in its wider sense. An investment strategy was being developed, linking to work relating to the primary care access model and outcomes work.</p> <p>Dr Huxley requested clarity regarding timescales, particularly for the investment strategy and the need to understand what the opportunities might be for the PMS practices. It was confirmed that work would continue through the final consultation on the primary care access strategy regarding the model going forward, with a view to a more outcomes based approach, providing investment back into primary care in different ways and in a more equitable way across all practices and localities. It was anticipated the outcome of this work would be available in September.</p> <p>The Chair sought assurances that there was no additional risk to the CCG if some of the visits were undertaken as CCG only, rather than joint CCG and NHS E. Jackie Forshaw outlined the process for the PMS review visits, confirming that all practices had been offered the opportunity for a review visit. If the PMS premium was significantly higher in some areas, the practice would receive a joint visit. It was also confirmed that two practices had chosen to complete a template rather than have a visit.</p> <p>With reference to patient engagement, Members were advised that at the end of each review visit there is discussion regarding the engagement process and Practices are encouraged to discuss the impact of change with their PPG. The Chair referred to the attendance of CCG representatives at the PMS Group meeting and noted that a further visit was scheduled in July/August to update. Members requested assurance that patient engagement is taking place and requested:</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ That a summary be provided outlining how the Practice have acted on those discussion, particularly if there is any patient involvement in discussions regarding the implications for individual practices, as to whether a service will be withdrawn, diluted etc. ▪ Review the current position relating to each of the visits already undertaken. ▪ Any implications for other Practices in the area, not just for the PPG of the PMS practice. <p>It was considered that dicussions regarding quality analysis and impact should be driven at CCG level rather than Practice level. Michelle Pilling referred to establishing a Patient Reference Group which would be the right forum for these discussions. It was considered that Healthwatch and other stakeholders would also be key to these discussions.</p> | <p>SM/LC</p> <p>LC</p> <p>MP</p> |
| | <p>15.36.2 Memorandum of Understanding</p> <p>Jackie Forshaw provided an update confirming that following discussion between NHSE and Chief Finance Officers, it was agreed that a set a financial principles need to be appended to the MoU. The MoU was discussed at the last meeting of the Co Commissioning Management Group and a final request for any changes was made.</p> <p>With reference to the Emergency Planning & Resilience model, this was currently being developed and JF agreed to circulate the model developed in Greater Manchester.</p> | <p>JF</p> |

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| | <p>The Chair referred to a minor amendment in para 5.5 which should read 30 April 2015. He also pointed out that Para 8 made reference to a standardised approach across all 8 CCGs, when only 7 CCGs were listed, requesting a consistent approach.</p> <p>ACTION: Any further comments to be forwarded to Jackie Forshaw</p> | ALL |
| 15.37 | <p>Improving Access to Primary Care</p> <p>Members received a presentation from Dr Ford outlining the current position together with an outline of the emergent primary care access model. The vision was to develop the locality structure with a view to delivery care closer to home within a patients community, unless there is absolute medical need for care to be delivered in hospital or residential care.</p> <p>Four linked workstreams had been identified to support primary care development, support service improvement, collaboration and integration and improving access. The engagement processs through the localities was outlined together with details of key areas being considered in developing the new service delivery model.</p> <p>An example of the Primary Care Access Model was outlined, proposing a Health and Care Hub at the centre of the locality, supported by Healthcare Teams with a social care presence. It was also important to ensure the voluntary sector are embedded from the start. The model also included Pathfinder, a new service from NWS where paramedics visit A patient who may not need to be admitted to hospital, but may need rapid access to a GP. NWS could transport a patient to the Practice resulting in reduced numbers of patients attending A&E.</p> <p>Enablers for the new model were outlined. It was recognised there were opportunities for efficiencies and a need to look at services equitably across the patch. Shared records and IT strategy were also crucial to the development of integrated working. Potential resource streams were outlined, including extended hours, minor injuries and community pharmacies providing patient advice, information and support.</p> <p>Next steps included a report to the Governing Body on 1 June outlining the proposals. During June and July the proposal will be presented to Locality Steering Groups and discussions will take place with stakeholders. A multi-specialty event was scheduled for 22 July, to which patients and practices would be invited to discuss how each locality will deliver this model in the heart of their communities. The key vision has to be the same, but how it is done will be influenced by the needs of each locality.</p> <p>The Chair thanked Dr Ford for a very comprehensive presentation.</p> <p>It was confirmed there had been a significant amount of patient involvement and engagement, bringing together providers in different ways, to ensure a broader section of the community are involved in developing the new model. Jackie Forshaw referred to NHS E £15m investment in clinical pharmacies in general practice over 4 years, confirming that CCGs are able to submit bids against this funding, which would be a significant enabler.</p> <p>Members discussed the information presented and felt this was a balanced approach. Simplicity was key to ensure patients understand how, where and</p> | |

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| | <p>when to access services and to ensure that other information sources reflect the same message, ie: NHS Choices.</p> <p>It was felt there was a need to target those areas where change will deliver quicker and communication was important, advising that changes to services are being made to deliver better outcomes.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Healthwatch to be invited to 22 July event. ▪ Information re investment in clinical pharmacies in general practice to be shared with Lisa Rogan. <p>The Chair thanked the Primary Care Team for their work in developing a very good model.</p> | <p>LC JF</p> |
| <p>15.38</p> | <p>Outline Delivery Plan</p> <p>This item was covered in the Action Matrix.</p> | |
| <p>15.39</p> | <p>CCG Assurance Framework</p> <p>Angela Brown presented a report outlining how the assurance process has been updated to reflect the requirements for delegated commissioning and included extracts from the national Assurance Framework emphasising the assurance process going forward.</p> <p>AB advised that the CCG will be obliged to provide a quarterly self-certification of compliance against five key areas and the role of the Primary Care Committee is to recommend this to the GB on a quarterly basis for sign off. More information would be provided when the detail is received.</p> | |
| <p>15.40</p> | <p>AQuA & GP Federation</p> <p>The paper provided details of an Expression of Interest on behalf of the CCG and the GP Provider Federations to work in partnership to develop a programme of accelerated co-design with a view to improving quality, reliability and safety of healthcare and population health and wellbeing, in line with the Five Year Forward View.</p> <p>Members were advised that the CCG had been accepted onto the programme and arrangements were in hand for AQuA to meet with the CCG. This was very good news and offers a way forward to develop the providers and support the development of quality in primary care.</p> <p>Mark Youlton confirmed this was the right way forward but had concerns that providers don't have the capacity to put things in place themselves. He proposed the CCG look at providing resource to practices to do this by offering a Local Enhanced Scheme (LES) of 50p per head of population to put this plan in place by 1 April 2016. He confirmed the CCG relationship was with the Practices and not a Federation, as not all practices had signed up to a Federation. There was also a need to be clear what measurable outcomes are expected from this resource.</p> <p>Lay Members requested clarity regarding Federations, particularly how they are developing and what they aim to achieve. Dr Huxley advised that a number of Federations had been established in EL, working in</p> | |

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| | <p>neighbourhoods and were forming in different ways, confirming that three Federations had been identified to work with AQuA.</p> <p>It was agreed the event on 22 July would provide an opportunity to outline the proposals for primary care, supported by the funding available to Practices.</p> <p>It was also confirmed that the LMC were supporting federations and requested involvement in the AQuA work.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Provide an briefing paper outlining how Federations are constituted to the next meeting <p>In conclusion Members received the paper for information and supported the proposal to develop a LES to make payments to every practice within the CCG with defined outcomes.</p> | LC |
| 15.42 | <p>Any Other Business</p> <p>15.42.1 Items for inclusion on the Corporate Risk Register</p> <p>There were no additional items for inclusion on the Register.</p> | |
| 15.43 | <p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Monday, 15 June 2015 at 2pm.</p> | |

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