

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on 21 September 2015
2pm at Walshaw House**

PRESENT:

David Swift	Lay Advisor – Chair
Jackie Hanson	Director of Quality & Chief Nurse
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:

Gill Brown	Chief Executive, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Jackie Forshaw	Head of Primary Care, NHS E
Tony Harrison	EL Health & Wellbeing Partnership representative
Dr Phil Huxley	CCG Chair
Dr Mike Ions	Chief Clinical Officer
Duncan McGrath	Head of Primary Care Development, Local Medical Committee

Min Ref:		ACTION
15.99	<p>Welcome & Chair's Update</p> <p>The Chair welcomed everyone to the meeting. He also welcomed Freya Slater, a newly appointed Apprentice with the CCG, together with a member of the public who were both in attendance as observers.</p>	
15.100	<p>Apologies</p> <p>Apologies were received from Dr Fiona Ford, Angela Brown, Cath Randall and Peter Higgins.</p>	
15.101	<p>Governance:</p> <ul style="list-style-type: none"> ▪ Declarations of Interest <ul style="list-style-type: none"> - David Swift declared an interest as a patient of a PMS Practice. - Dr Huxley declared an interest as a GMS GP. ▪ Quoracy the meeting was quorate. 	
15.102	<p>Minutes of the meeting held on 17 August 2015</p> <p>The minutes of the meeting held on 17 August were approved as an accurate record.</p>	
15.103	<p>Action Matrix v6</p> <p>15.16 NHS E : Practice Premises It was confirmed that a concerns relating to practice premises were no longer an issue and the legal hearing would not be going. Action closed</p> <p>15.22 Signed Delegation Agreement – Action complete & closed.</p>	

	<p>15.23 Primary Care Development Update The structure had been reviewed below Senior Management Team level and discussions continued with the wider directorate to discuss additional capacity. There was also a need to understand how the Primary Care Transformation Team will dovetail into the current team. Update to the next meeting.</p> <p>15.36 MoU – Emergency Planning & Resilience Carry forward and await an update following the meeting with NHS E.</p> <p>15.76 Primary Care Support Service A response was awaited from Trish Bennett and the points raised were being escalated to the Capita Programme Board.</p> <p>15.89 Primary Care Transformation Team Comments were received and the response presented to NHS E. Proposal was discussed at Co-commissioning Management Group and signed off. Action complete & closed.</p>	<p>SM</p> <p>AB</p> <p>JH</p>
<p>15.104</p>	<p>Matters Arising</p> <p>There were no further matters arising.</p>	
<p>15.105</p>	<p>Extended Appointments for Patients over 85 Years in Rossendale</p> <p>The Chair welcomed Dr John O'Malley, Rossendale GP and Andy Laverty, Rossendale Locality Manager to the meeting.</p> <p>The report outlining proposals for Rossendale GPs to provide extended appointments of 20 minutes as standard to their patients aged 85 and over who are able to attend the Practice, therefore improving the care of older people, promoting independence and reducing avoidable admissions.</p> <p>In supporting the over 75s, the locality had recruited two Advanced Nurse Practitioners and developed a number of community based initiatives working with the Integrated Neighbourhood Team to meet the needs of housebound elderly patients and expansion of the Care Home nurse initiative, using the £5 per head funding made available by the CCG.</p> <p>The proposal to support the over 85s would sit alongside these initiatives and would utilise remaining over 75s funding which would be used to replace the lost 10 minutes slot for the remaining practice population. Dr O'Malley described the proposals which provided practices with flexibility and encouraged innovation as to how they replace the appointment slots by triage, enhancing skill mix and cooperate with other Practices. Practices would be asked to submit their plans for approval.</p> <p>Benefits of the scheme provided time for a more thorough assessment of patient needs in one consultation and better record keeping, resulting in improved outcomes for patients and carers and improved patient satisfaction. Performance monitoring would be based on the current over 75s system, details of which were outlined in the report together with proposed payments to practices.</p> <p>Members discussed the proposals and agreed that elderly patients require more time. However it was recognised there are multiple schemes across</p>	

	<p>the localities and there was a need to measure outcomes to understand the impact these are having on admission avoidance from a locality perspective and across the CCG. There was also a need to understand the pressures in primary care to ensure the proposals were sustainable.</p> <p>In conclusion, Members supported the proposals for the Rossendale locality. It was further agreed that the CCG should consider whether the over 75s scheme is delivering what we want it to deliver across all localities.</p>	
<p>15.106</p>	<p>Quality Improvement Plan</p> <p>Lisa Cunliffe gave a presentation outlining a proposal for the development of a Primary Care Quality Strategy, including a process for the monitoring, review, support and escalation of quality issues relating to General Practice. A Task and Finish Group had been established to take this forward, reporting to the Q&S Committee and membership was outlined.</p> <p>Details of areas to be included in the Quality Strategy were highlighted and it was confirmed that some of the work was already underway. The process for monitoring was outlined with particular reference being made to collaborative working between Practices within localities to develop a process for peer reviewing</p> <p>The aim was to review primary care data, including soft intelligence to identify any outlying practices or practices struggling with delivery. Discussions had also taken place with NHS E as to how to take this forward. A two stage process had been developed. Stage 1 being a high level review and benchmarking of general practice data. Once outlying practices have been identified, Stage 2 would undertake a deeper review and agree actions at three levels - support, recovery and performance and a flow chart outlined how the process will work. Lisa advised that the CQC had started a round of visits to practices within EL and the CCG would link into the CQC process.</p> <p>Members discussed the proposals and it was confirmed the Strategy was intended to support those practices where there are issues emerging and work with the practices to provide support and identify what is causing the issues and how the CCG can help. Dr Huxley pointed out there would be varying levels of practices needing support and suggested looking at 4 levels, with level 1 achieving quality already and therefore not requiring any support. Michelle also asked for consideration to be given to patient or Healthwatch involvement within the strategy, to look at patient experience.</p> <p>Jackie Hanson confirmed that work was ongoing to review the overall Quality Strategy and the work being described relates to primary care issues. She agreed the process feels right and would be reflected within the overall CCG Quality Strategy.</p> <p>It was recognised that a number of organisations were currently monitoring primary care, which was adding to the pressures during difficult times. The responsibility for primary care sits with the CCG and there was a need to coordinate work with other agencies to ensure practices are not overloaded.</p> <p>The Chair pointed out there was currently no link from the Task & Finish Group to the Primary Care Committee and this would be reviewed. It was</p>	

	<p>also considered that there was insufficient clinical input and this would be reviewed following the appointment of Clinical Directors.</p> <p>With reference to lessons learned, a formal process would be put in place to share specific elements of the framework with NHS E, outlining areas that have worked well.</p> <p>The Chair thanked Lisa for her presentation.</p>	
<p>15.107</p>	<p>PMS Review</p> <p>The report provided an update on the current position relating to PMS contract reviews and outlined next steps. A summary of the findings from the PMS Review visits were shared with the Committee at the June meeting and specific areas had been identified as requiring further investigation.</p> <p>A number of practices were providing enhanced services over and above core contract and there was a need for the CCG to consider the continued commissioning of these services through reinvestment of the PMS premium or review if these services are being delivered elsewhere. The CCG was working closely with PMS practices to develop a deeper understanding of the enhanced services provided and the report described the work ongoing in respect of a single quality framework, training provision and services for special populations.</p> <p>Members were advised that a neighbouring CCG had established a PMS Review Panel to assess services provided over and above the core contract and NHS E have asked CCGs to consider if a PMS Review Panel would be of benefit in relation to the assessment and possible development of new enhanced services. Lisa reminded Members of the intention to withdraw the PMS funding from the core contract but will be reinvested into general practice through the Quality Framework and Local Enhanced Services. It was felt the Panel would be useful if appeals are received from practices.</p> <p>Jackie Forshaw confirmed that NHS E were arranging the final meeting of the PMS Panel with a view to removing the PMS premium from 1 April 2016. A letter would be issued to practices enclosing a Contract Variation formalising the withdrawal of the PMS premium funding. If the practice does not sign the contract variation, the only option would be to give notice and terminate the contract. Notice would be for a period of six months and practices would then move to the GMS contract.</p> <p>Jackie confirmed that the Contract Variation letter was being sent to a number of practices in other CCGs who are at this stage in the process, pointing out that the letter includes a financial profile and how it will affect each practice.</p> <p>Discussion followed regarding the contract variation position. It was confirmed that discussions had taken place with the PMS practices who are providing services at a different level, outlining how reinvestment would be made across all practice, not just PMS practices. It was also queried if the contract variation was fixed at 6 months, or could this be sooner if mutually agreed. As yet there was no certainty as to what the quality framework looks like and funding reinvestment. If a practice is to lose an amount of premium, there is a need to show how the funding will</p>	

	<p>be reinvested. It was also considered that if a practice decides to object, a decision should be made within the financial year.</p> <p>In conclusion, it was agreed to support the process of negotiating with practices, to ensure they fully understand the position. The CCG has a duty to ensure practices receive ongoing support to change the way they continue to deliver the services.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ The arrangements in Chorley & South Ribble to be further discussed before a decision is made regarding the establishment of a PMS Review Panel for EL CCG. 	DS/SM
15.108	<p>Delegated Function Self-Certification</p> <p>Ryan Catlow was in attendance for this item.</p> <p>The paper presented an outline of the CCG assurance process and the requirement to submit a self-certification return to NHS E by 2 October regarding the delegated functions which the CCG took responsibility for from April 2015.</p> <p>Members were advised that the revised process focusses on five key areas and the Director of Corporate Business meets with NHS E on a monthly basis to provide assurance against the key areas along with any other significant areas of concern or notable successes.</p> <p>Members approved Chair's Action for completion of the document to ensure NHS E have the submission by the due date. The Chair and the Lay Member for Governance/Audit Committee Chair would sign off and the committee would receive the completed submission for ratification at the next meeting.</p>	RC/DS/TW
15.109	<p>Any Other Business</p> <p>Items for inclusion on the Corporate Risk Register</p> <p>There were no additional items for inclusion on the Risk Register.</p>	
15.110	<p>Date & Time of Next Meeting</p> <p>The Chair advised that the next meeting was scheduled for Monday, 19 October 2015. He pointed out this date had been identified for Clinical Director interviews and there may be a need to cancel or change the date of the October meeting.</p> <p>It has since been confirmed that the meeting on 19 October 2015 has been cancelled and the next meeting will take place on Monday, 16 November.</p>	