

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Monday, 20 July 2015
at 2pm at Walshaw House**

PRESENT:

David Swift	Lay Advisor - Chair
Sharon Martin	Director of Performance & Delivery
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair
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
Dr Mike Ions	Chief Clinical Officer
Tony Harrison	EL Health & Wellbeing Partnership representative
Peter Higgins	Chief Executive, Local Medical Committee
Dr Phil Huxley	CCG Chair
Cath Randall	Senior Operating Officer
Anne MacLeod	Corporate Administration Manager

Min Ref:		ACTION
15.66	<p>Welcome & Chairs Update</p> <p>The Chair welcomed everyone to the meeting.</p>	
15.67	<p>Apologies</p> <p>Apologies were received from Jackie Hanson, Steve Allcock and Angela Brown.</p>	
15.68	<p>Governance:</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: Dr Huxley, Dr Ford and Dr Ions declared an interest in Item 5.1 re PMS. Dr Ions advised that he was no longer a partner but remained a GP in a PMS practice. David Swift declared an interest as a patient of a PMS practice. ▪ Quoracy: The meeting was quorate. 	
15.69	<p>Minutes of the meeting held on 15 June 2015</p> <p>The minutes of the meeting held on 15 June were approved as an accurate record.</p>	
15.70	<p>Action Matrix v4</p> <p>15.22 : Signed Delegation Agreement A national update had been received and it was understood this would address all the outstanding queries relating to SFIs & SO. An update to be provided to the August meeting.</p>	JF

	<p>15.23 : Primary Care Development Capacity of the primary care team was being considered as part of the wider team review. Sharon Martin confirmed the structure had now been developed at a senior level and the next stage was to consider the tier below this. An update would be provided to the August meeting.</p> <p>15.36.2 : Emergency Planning & Resilience The Greater Manchester model had been circulated and reviewed by the Emergency Planning Lead who supported the principles in the MoU but further update is required in the co-commissioning related elements. AB to take forward.</p>	<p>SM</p> <p>AB</p>
<p>15.71</p>	<p>Matters Arising</p> <p>PMS Reviews Update</p> <p>Lisa Cunliffe presented the report which provided details of the agreed process and progress made in relation to the review of PMS contracts in line with NHS E guidance, as discussed at previous meetings.</p> <p>There are eleven PMS Practices in East Lancashire and review visits commenced in April to ensure practices had a thorough understanding of the financial position. Five practices had received a joint review with the Area Team and CCG, four were to be reviewed by the CCG and two Practices opted to complete a PMS Review pro-forma. The CCG had one outstanding visit which was scheduled for 27 July 2015. A summary of each of the visits was included with the report and key issues were highlighted. A number of practices feel the withdrawal of the PMS premium without adequate additional re-investment will result in the practice being unviable. There were also concerns regarding the workforce element as recruitment and retention of staff in primary care was a significant issue, not just for PMS practices. Training was also a concern as proportionally more training practices are PMS. A number of practices also provide services to highly deprived, ethnically diverse and culturally isolated populations.</p> <p>Lisa advised that the additional resource allows practices to provide bespoke services over and above GMS services and deliver enhanced levels of quality, details of which were outlined in the report. Going forward there was a need to ensure some of these services are captured. Sharon Martin advised that Item 6.2 on the agenda outlined the work ongoing to develop an Investment Strategy with a view to reinvesting the withdrawn PMS premium to enable this to be allocated in an equitable way within primary care. Dr Ions felt it is essential to ensure practices are aware that they will receive funding to support their work and it was confirmed that an overview would be provided to PMS practices by September.</p> <p>Lisa Cunliffe responded to Dr Huxley concerns regarding the three practices that feel they are potentially unviable if funding is to be withdrawn, pointing out it was difficult to determine the risk until the reinvestment plans have been developed. She also advised that a number of GMS practices deliver similar enhanced services. Dr Huxley suggested this is captured on the risk register.</p> <p>Members noted the findings in the report and supported further work to develop a robust Investment Strategy for Primary Care.</p>	

15.72	<p>Federations Briefing Paper</p> <p>The report provided an outline of the new and emergent GP Federations in East Lancashire, described the range of Federation structures and summarised the four emerging Federations in east Lancashire.</p> <p>The Chair pointed out that in terms of engaging, the CCG should be aware that there are Practices that are not federated.</p> <p>Tom Wolstencroft welcomed the paper which provided a useful briefing as requested.</p>	
15.73	<p>The Delegation</p> <p>Members received The Delegation which is the formal legal document that mirrors the Delegation Agreement and confirms the functions that have been delegated to the CCG, the reserved functions, the date the arrangement commenced and the termination, variation and revocation provision.</p> <p>The report will be held in the Corporate office and was received as a matter of process.</p>	
15.74	<p>Quality Framework</p> <p>The paper presented an outline proposal for the introduction of a Quality Framework for General Practice from April 2016, together with the development of an Investment Strategy for primary care in East Lancashire including transitional support during 2015/16.</p> <p>As mentioned earlier in the meeting, this links to the PMS Review Process. Lisa Cunliffe advised that currently across EL there was significant variation across GMS and PMS practices in relation to the range and quality of services delivered and outcomes achieved and referred to a drive nationally to equalise the resource. Members received information at the June meeting relating to the Bolton model where they have consolidated a number of quality schemes and invested back into primary care.</p> <p>It was recognised that across EL there are a number of local quality improvement schemes, prescribing incentive schemes and development schemes that could be consolidated into a Quality Framework and the report outlined the proposal to look at how this can be developed. Funding was available to provide a transitional resource to support the development of primary care during 2015/16. Lisa confirmed that in addition to Bolton CCG, discussions had also taken place with Blackpool CCG and advised that the membership and ToR of the Primary Care Service Improvement Group had been extended to take this work forward. It was agreed the development of the quality framework would be challenging in terms of its implementation but will identify where there are variations across the patch, allowing the CCG to support and develop practices.</p> <p>Members discussed the services currently in place and the need to review the performance measures going forward, as these were mainly based on activity rather than outcomes. It was intended to use the Protected Learning Time event with GPs on 23 September to look at what outcomes are required from the framework. Following a review of the schemes commissioned from primary care, some would remain and move into the Framework and some would not. It</p>	

	<p>was intended to invest more in primary care to deliver this and ensure each practice is implementing in a standardised way and delivering outcomes for their population.</p> <p>Next steps and a proposed timeline was outlined in the report. At the event in September details of the financial modelling would be presented, advising Practices that investment will be made and provide assurance that this is a five year plan.</p> <p>The Primary Care Service Improvement Group would report progress to the Primary Care Committee and the Chair requested that the Terms of Reference be presented to the next meeting of the Committee for approval.</p> <p>Members support the proposed development and next steps.</p>	LC
15.75	<p>Daneshouse Medical Centre</p> <p>Sarah Danson, Assistant Contracts Manager, NHS E presented a report confirming that an application had been received from Daneshouse Medical Practice to close its registered list for a period of 12 months.</p> <p>The practice had highlighted a number of key issues relating to the problems they are facing, particularly relating to the number of vacancies within the Practice and specific concerns regarding the ability to recruit a second General Practitioner. Details of the opening hours and list size were provided and the Practice have a significantly higher than average proportion of younger adult population, compared to the CCG average, with early onset chronic diseases, resulting in increased morbidity and mortality.</p> <p>NHS E had met with the Practice and discussed the necessary actions required to resolve any issues, in line with the standard operating policy when considering an application for list closure and confirmed that following the CQC inspections earlier in the year, the practice have been identified as requiring a review. The Practice had not consulted individually with patients but had contacted a nearby practice to discuss the proposals and also had discussions with the chair of the PPG and the LMC, all of whom supported the request.</p> <p>Members discussed the proposals outlined and expressed concern that a number of the issues raised, particularly relating to the recruitment of GPs and the withdrawal of PMS funding, were part of a bigger review that was currently ongoing. Jackie Forshaw provided feedback following the visit to the Practice, advising that a suggestion had been made for the GP to consider operating in a different way. Regarding the proposed Practice review, it was noted that practice quality improvement plans are being developed and the Locality Manager was working with practices to support this.</p> <p>There were uncertainties if the practices in the surrounding area would be able to provide support if the practice list closed, recognising there are new developments in the area.</p> <p>Peter Higgins asked if the Practice was a member of a Federation and if so had there been any discussions within the Federation to see if they could provide support.</p> <p>It was also recognised that there are a number of practices under tremendous pressure, however there is a need to keep the patient in mind and consider their</p>	

	<p>options if the list is closed. It was recognised the GP was under a lot of pressure and struggling to deliver services. The practice was receiving additional funding and it was agreed the CCG had a responsibility to ensure this funding is being used appropriately. It was also important to have contingency plans in place, should the GP be unable to continue to provide a service. The CCG has a duty of care and it was suggested the GP work with the CCG and the LMC to make the practice sustainable.</p> <p>In conclusion it was considered there were a number of issues that need to be addressed and closing the list would not solve the problems raised. It was therefore agreed to defer a decision until the August meeting to allow time to identify what support can be provided to the Practice.</p> <p>ACTION: Support Plan to be developed for the Practice.</p>	JF/SM
15.76	<p>Primary Care Support Service</p> <p>Sharon Martin advised the committee of a concern relating to the Primary Care Support Service (PCSS) previously known as LASCA. NHS E had recommissioned the PCSS and risks had been identified that she felt the Committee should be aware of.</p> <p>The concern related to when patient hospital test results are sent to the GP Practice, but the patient has since moved and the GP practice does not have details of the new address. Previously the GP would contact LASCA who would hold updated patient details, including new addresses. Sharon advised that this service is no longer being commissioned by the new provider and expressed concern that this is a quality issue that needs to be escalated to the Director of Quality at NHS England. If this is an accurate position, there was a need for further discussion as to what this means for the wider population.</p> <p>Sarah Danson had contacted the national team to discuss issues relating to the transformation of services and was awaiting clarification. She advised that EL Hospitals Trust have registered users of the Exeter system and should be in a position to redirect information from the hospital. Need to clarify the process.</p> <p>Dr Ions highlighted the need to look wider than Hospital Trusts, as information is also required for private providers and out of hours. This was also a concern from a safeguarding perspective when families move around the country, LASCA always provided details of where the families had come from. It was reported the concerns had been flagged nationally.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Risk is recorded and letter to be sent to Trish Bennett, Director of Quality ▪ An update to be brought to the next meeting. <p>Dr Huxley suggested that all GPs send letters back to the Caldicott Guardian of the organisation who issued the correspondence.</p>	SM
15.77	<p>NHS Public Health & Co-commissioning</p> <p>The report summarised the NHS Public Health Functions (Section 7A) publication and provided further information relating to the work currently ongoing in East Lancashire in order to satisfy the recommendations of the report.</p>	

	<p>It was reported that some public health services are commissioned through the GMS contract and the public health commissioning team continue to work with Practices to offer support and advice on how to improve the uptake of screening and immunisation programmes. It was essential that effective mechanisms are developed to enable joint working and the report described the work ongoing to support this.</p> <p>Members received the report for information.</p>	
15.78	<p>Dementia Local Improvement Scheme (LIS)</p> <p>Alex Walker and Denise Woodburn were in attendance for this item.</p> <p>The report confirmed that GPs had been asked to sign up to the National Enhanced Service for Dementia which had been rolled over from March 2015 to April 2016. GPs have also been advised that the Local Improvement Scheme (LIS) would also be available to sign up to. The CCG would continue to have a national target to maintain the diagnosis level at or above 67% within 2015/16. It was also confirmed that the Memory Assessment Service is going through a development to neighbourhood level that will offer a more comprehensive link into primary care and community infrastructure.</p> <p>The report concluded that the CCG will continue the LIS for primary care in EL at a slightly revised level from last year to put significant emphasis on review and to ensure there is a clear, standardised process and to ensure reviews these are completed. Details of the estimated level of activity and anticipated cost of a Dementia LIS were provided. Practices will receive payment for new diagnosis, however there would be no payment for a review as new patients do not require a review in year.</p> <p>There was an intention to bundle the local improvement schemes into a single scheme for primary care in 2015/16. However it was anticipated this would not take place until 2016/17.</p> <p>Members considered this was a good opportunity to look at the dementia work in terms of outcomes for patients with dementia and what the diagnosis means for them and their carers.</p>	
15.78	<p>Any Other Business</p> <p>15.56.1 Items for inclusion on the Corporate Risk Register</p> <p>It was agreed the following risks be included on the Corporate Risk Register:</p> <ul style="list-style-type: none"> ▪ PMS practices that may be at risk if funds are withdrawn. ▪ Primary Care Support Service issue. 	
	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Monday, 17 August at 2pm.</p>	
<p>RESOLUTION</p> <p>“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>		