

NHS EL CCG Primary Care Committee

**Minutes of the Inaugural Meeting held on Monday, 20 April 2015
2pm at Walshaw House**

PRESENT:

David Swift	Lay Advisor – Chair
Michelle Pilling	Lay Member – Quality & Patient Engagement
Tom Wolstencroft	Lay Member – Governance
Cath Randall	Senior Operating Officer - Deputising for the Director of Performance & Delivery

In Attendance:

Angela Brown	Director of Corporate Business
Gill Brown	Chief Executive, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Jackie Forshaw	Head of Primary Care, NHS E
Fiona Ford	GP Lead – Primary Care Development
Peter Higgins	Chief Executive, Local Medical Committee
Dr Phil Huxley	CCG Chair
Dr Mike Ions	Chief Clinical Officer

Min Ref:		ACTION
15.16	<p>Welcome & Chair’s Update</p> <p>The Chair welcomed everyone to the inaugural meeting and extended a special welcome to Gill Brown, Chief Executive of Healthwatch Lancashire and Peter Higgins, Chief Executive, Local Medical Committee.</p> <p>Since the Mobilisation meeting, the Chair had attended the final contracting meeting at NHSE. One item from the agenda related to an EL Practice and JF confirmed she would bring an update to the next meeting. He had also attended the PMS Steering Group, which he found useful in bringing issues to the forefront.</p>	JF
15.17	<p>Apologies</p> <p>Apologies were received from Jackie Hanson, Sharon Martin, Mark Youlton and Steve Allcock.</p>	
15.18	<p>Governance:</p> <ul style="list-style-type: none"> ▪ Declarations of Interest – There were no declaratins of interest. ▪ Quoracy – The meeting was quorate. 	
15.19	<p>Minutes of the Mobilisation Meeting held on 16 March 2015</p> <p>The minutes of the mobilisation meeting held on 16 March 2015 were confirmed as an accurate record.</p>	
15.20	<p>Action Matrix</p> <p>Min: 15.05 Appointment of Vice Chair This item was listed on the agenda for discussion.</p>	

Min: 15.07 Memorandum of Understanding

The Memorandum of Understanding (MoU) had been updated with comments from all CCGs and included feedback from throughout the Region. All sections in the Greater Manchester version were also reflected in the Lancashire version. The Emergency Planning element was an addendum to the MoU in the Greater Manchester version and Jackie Forshaw agreed to discuss with Jane Higgs with a view to doing something similar in Lancashire.

Jackie provided an update following the issues raised at the last meeting:

6.3 Complaints – were currently out of scope and the process would be managed by NHS E. Quarterly reports would be provided to all CCGs and Sue Warburton would speak to Kathryn Lord to clarify the content of the report and level of detail. Q4 report would be available imminently and would be presented for information and consideration of any quality issues raised.

It was noted the report would not identify individual practices and would be carefully anonymised to enable receipt in Part 1 of the meeting.

6.7 Incident Reporting

It was confirmed the current reporting process will continue, managed by the Nursing Directorate at NHS E. Any issues were to be fed back to Sue Warburton.

6.10 NHS E Support Service

All support services will be available to NHSE staff transacting business on behalf of CCGs.

CCGs will not have direct access to NHS E Legal Team, noting that legal issues will be managed by NHS E staff on behalf of the CCG.

Performers List and Quality Issues

Discussions had taken place with the Medical Director regarding quality monitoring and it was agreed this would be reinstated into the Governance Section and included in the reporting structure diagram. Reference was made to the overarching Quality Surveillance Group (QSG) for Lancashire reviewing all providers and the intention was to have a separate QSG for primary care.

It was reported that Cath Randall, Lisa Cunliffe and Jackie Forshaw had met prior to the meeting and made further changes to the MoU. It was recognised the MoU would be a document that continues to evolve and would be signed off through the Collaborative Commissioning Board in April where all CCGs are represented.

ACTION: Agreed to have three monthly formal reviews of the MoU.

Min: 15.13 APMS Contracts

All reports had been completed and signed off and submitted to NHS E Senior Management Team on 24 March. Discussion raised further questions and it was agreed that a final decision was not appropriate to be taken on 24 March. It may be necessary to extend the APMS contracts and the NHS E Primary Care Team were working on project plans to clarify if this is required. All engagement plans will be shared

	before purdah to outline next steps. If a decision cannot be taken following the election, further guidance would be sought.	
15.21	<p>Matters Arising</p> <p>15.21.1 Terms of Reference</p> <p>The Terms of Reference were based on the national template and included a local perspective. Comments had been incorporated following discussion at the last meeting.</p> <p>The revised Terms of Reference were approved and would be presented to the GB in June for ratification.</p>	AB
	<p>15.21.2 Appointment of Vice Chair</p> <p>Reference was made to discussion at the last meeting when not all Lay members were present. Members were advised that further guidance had since been received advising that it was not appropriate for the Audit Chair to take on this role.</p> <p>Members supported the proposal that Michelle Pilling, Lay Advisor – Quality & Patient Engagement be appointed as Vice Chair of the Committee.</p>	
15.22	<p>Signed Delegation Agreement</p> <p>The Delegation Agreement was signed off on 25 March 2015 following approval by the Governing Body, subject to a number of issues being resolved by 30 April 2015.</p> <p>The four lines of enquiry were highlighted in the report and an update relating to the financial issues would be presented to the next meeting.</p>	JF
15.23	<p>Primary Care Development Update</p> <p>Dr Huxley declared an interest.</p> <p>Lisa Cunliffe presented the report which described the work of the primary care team over the last two years to date and presented the plans for primary care development for 2015/16, building on the work already undertaken. Four key workstreams had been identified and co-commissioning had added a further workstream.</p> <p>Members were asked to agree the proposed plans for 2015/16 and support continued investment into primary care. A draft investment plan was included with the report together with the reporting structure focusing on the development agenda.</p> <p>Members were asked to give consideration to the capacity of the Primary Care team. Until recently, the main focus has been on development and going forward this could potentially include contract management and provider development, particularly linking to the emerging federation of practices. It was recognised there is a significant amount of work in developing primary care and there was a need to give careful consideration to how this is managed to ensure development was</p>	

	<p>equitable to all groups. There had been a significant workload increase recently and there were concerns that the focus is on co-commissioning and work on development is slipping.</p> <p>Discussion followed as to whether development and commissioning should be managed separately. The Chair advised that elsewhere the two areas were running parallel, however he would like consideration to be given to bringing the two strands together. It was noted that Sharon Martin was the Executive lead responsible officer and it was becoming clear what this organisation needs to evolve and enable the structure to form.</p> <p>There was a need to consider how commissioning and development fits with the CQC and Healthwatch, ensuring quality and ensuring what people want. The Election may also have an impact on decision making.</p> <p>Dr Ions advised that the CCG had been clear in its involvement in the development of Federations and was currently providing the same opportunity to all practices and give encouraging support, but there need to be explicit as to what that support is.</p> <p>The Chair reminded Members that decision making does not include clinical colleagues, however there was a need for clinical input in the debate.</p> <p>Dr Huxley pointed out the strategic direction for the organisation is care closer to home, building up primary care. He suggested looking at what other organisations are doing to ensure the Team is as efficient as possible. The Director of Performance & Delivery would take a lead on this to build a business case or identify capacity within the organisation to ensure the Team has the appropriate resource. The Chair would like to see strategic direction to work co-commissioning with the development side.</p> <p>Michelle Pilling referred to the excellent work of the primary care team in relation to primary care access and asked if there was an opportunity to have a Patient Reference Group, linking Patient Participation Groups and Healthwatch, noting that work already undertaken shows how valuable this is. Dr Ford supported this which would provide a valuable resource for feedback and delivery. It was agreed this would be taken into consideration when developing the Membership Scheme.</p> <p>Members supported the proposed plan for 2015/16 and associated investment plan.</p> <p>ACTION</p> <ul style="list-style-type: none"> ▪ Consider the capacity of the Primary Care Team and bring an update to the next meeting. 	SM
15.24	<p>Co-Commissioning Delivery Plan : Month 1 - 6</p> <p>Lisa Cunliffe advised that discussions had taken place prior to the meeting to consider timelines regarding PMS and APMS etc. She referred to para 13.26 of the Delegation Agreement which advised that within 2 months of the Delegation, the CCG must develop a plan setting out how it proposes to deliver delegated functions.</p>	

	<p>Jackie Forshaw suggested developing a generic template to provide a structure to work to and would consider further within the Primary Care Team and provide feedback following discussions. The Chair pointed out it was important to develop a strategy for co-commissioning and consider how to incorporate primary care development.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ A detailed plan would be presented to the May meeting. ▪ Generic template to be developed. 	<p>LC/FF JF</p>
<p>15.25</p>	<p>Communication with GP Practices</p> <p>Cath Randall advised that as a result of delegated responsibility, a letter had been issued to all GP Practices within EL describing the delegated responsibility and functions and agreed working relationships going forward. Feedback received was positive and practices were happy to support this locally.</p> <p>It was noted that one practice had raised a number of questions and a formal response had been provided.</p>	
<p>15.26</p>	<p>Any Other Business</p> <p>15.26.1 Items for inclusion on the Corporate Risk Register</p> <p>There were no items to be included on the Risk Register.</p>	
	<p>15.26.2 Burnley Locality - Over 75s Proposal : 2014/15 Retrospective Local Enhanced Scheme</p> <p>Kirsty Slinger was in attendance for this item.</p> <p>The CCG had allocated £5 per head of population for localities to develop services to support those aged 75 and over. Two schemes were proposed within the Burnley locality, ie: to employ specialist nurse practitioners to support nursing homes and those who are housebound and to provide an annual health & wellbeing assessment for all over 75s.</p> <p>Due to a delay in recruiting, the practices within the locality have absorbed the workload to support this cohort of patients, resulting in an underspend equating to £373,244, which had been carried forward into 2015/16. The Locality Forum had made a request for the slippage money to be transferred back into primary care on a retrospective basis.</p> <p>Detailed discussion followed and a number of points were made:</p> <ul style="list-style-type: none"> ▪ Members had difficulty in understanding and differentiating the two papers presented. ▪ There was no evidence to show that the locality had done something differently to support over 75s. Were some services more effective than others and were they value for money? ▪ In the Pendle locality, funding went directly to Practices to extend appointment times to 15 minutes for over 75s. ▪ Concerns were expressed that other localities had recruited, therefore providing different levels of care. ▪ Concerns that the scheme had been in place for two years, but no 	

	<p>contingency plans were put in place.</p> <ul style="list-style-type: none"> ▪ There were varying levels of slippage from each locality and funding had been ring fenced for over 75s. <p>The Committee were resolved that the 2014/15 monies should be expended for the benefit of Burnley Locality patients in the over 75 age bracket, but felt unable to support the request for retrospective payments on the basis that not all Practices would be able to substantiate the expenditure committed. KS was requested to seek and bring back to the Committee the proposals for utilising these monies for the stated purpose in 2015/16.</p>	KS
	<p>15.26.3 Burnley Locality - Over 75s Proposal 2015/16 Local Enhanced Scheme</p> <p>The report outlined proposals to utilise uncommitted over 75s slippage funding in the Burnley Locality. A 12 month local enhanced primary care scheme was proposed for 2015/16 to provide additional support to their population aged 75 and over. To support the bid, practices would be asked to provide a rigorous action plan to demonstrate where primary care will work over and above core services, providing additional capacity to deliver care for the over 75s, together with a delivery plan. An evaluation of the enhanced service would also be undertaken by each practice and submitted to the Locality Steering Group on a 6 monthly basis.</p> <p>Following discussion, Members supported the proposals as outlined in the report.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Request a progress report in 6 months time reporting outcomes from each of the five localities and particular examples of innovative work to be shared with all localities. ▪ Action Plan to be signed off by the Primary Care Committee. 	KS
15.27	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Monday, 18 May 2015 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>		