

**NHS EL CCG Primary Care Committee**

**Minutes of the meeting held on Monday, 16 November 2015  
at 2pm at Walshaw House**

**PRESENT:**

Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair - Committee Chair
Jackie Hanson	Director of Quality & Chief Nurse
Sharon Martin	Director of Performance & Delivery
David Swift	Lay Advisor - Governance

**In Attendance:**

Gill Brown	Chief Executive, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Rebecca Demaine	Head of Commissioning
Dr Mike Ions	Chief Clinical Officer
Tony Harrison	EL Health & Wellbeing Partnership representative
Duncan McGrath	Head of Primary Care Development, Local Medical Committee
Anne MacLeod	Corporate Administration Manager

Min Ref:		ACTION
15.119	<p><b>Welcome &amp; Chairs Update</b></p> <p>Michelle Pilling, Chair of the Committee welcomed everyone to the meeting and introductions were made.</p>	
15.120	<p><b>Apologies</b></p> <p>Apologies were received from Mark Youlton, Angela Brown and Jackie Forshaw.</p>	
15.121	<p><b>Governance:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Declarations of Interest:</b> Dr Huxley declared an interest as an EL GP</li> <li>▪ <b>Quoracy:</b> The meeting was quorate.</li> </ul>	
15.122	<p><b>Minutes of the meeting held on 21 September 2015</b></p> <p>Subject to the amendment of a typo on page 1, the minutes of the meeting held on 21 September 2015 were approved as an accurate record.</p>	
15.123	<p><b>Action Matrix v7</b></p> <p><b>15.23 Primary Care Team</b></p> <p>It was confirmed that the Primary Care Team were to recruit to a Band 8a post to support the Team and had also secured a specialist consultant to work on the Primary Care Access work. He had already delivered the PM Challenge Fund and has previous experience of working with BwD CCG. Work was also ongoing with Locality Managers to support specific areas of work across localities. The Chair felt this was very encouraging and supported the work of the team and new direction within the localities.</p>	

	All action were complete and would be removed from the Matrix.	
<b>15.124</b>	<p><b>Matters Arising</b></p> <p><b>15.124.1. Delegated Function Self-Certificate</b>  Following discussion at the September meeting, the Self-Certification Return was submitted to NHS E by the due date and was presented for ratification. Going forward, the submissions would be completed and presented to the Committee for ratification on a quarterly basis.</p>	
<b>15.125</b>	<p><b>Options Paper - Request for GPs for Hot Topic Protected Learning Time Event</b></p> <p>Following a request from GPs for the CCG to fund Hot Topic Protected Learning Time (PLT) events, Members received an paper outlining a number of options to take this forward in a similar way to BwD CCG who run two protected learning events each year for GPs, Practice Nurses and Nurse Practitioners. It was recognised that GPs attend events all over the country and there are advantages to running events closer to home which can be tailored to meet local requirements as opposed to attendance at national events.</p> <p>The report provided details of the two companies who run these events, NB Medical and GP Update, together with options for funding. Costings were based on 250 GPs attending and the CCG would run two events per annum for GPs and Nurses. The Primary Care Workforce Development Group recommendation was that the CCG fund the venue and GPs fund the delegate costs. There is currently a dedicated budget for PLT which covers venue and locum cover and additional funding would be required. The Chair confirmed that discussion had taken place at the Quality &amp; Safety Committee and it was felt there is merit in providing training locally.</p> <p>Dr Huxley questioned the need to pay emergency cover at all, pointing out that GPs and nurses do a lot of training out of hours and felt there would be better attendance if events were held on Saturday morning, as GP colleagues had expressed concerns at the number of practice shutdowns. It was also considered that the venue should be lecture theatre style rather than using the Dunkenhagh, possibly using UCLAN. Clinicians had experience of GP Update who were expensive but it was considered the quality of the training was excellent and they produce documents that can be retained and used as a resource.</p> <p>Following discussion it was agreed there was merit in running PLTs on Saturdays and the programme could be adapted to align with CCG priorities. This would provide a significant opportunity for GPs to obtain quality training locally. It was also felt important that GPs make a contribution towards the cost, but there was concern that this may discourage Practice Nurses from attending.</p> <p>The Committee supported the proposal to fund Hot Topics teaching PLT events and agreed to plan one session on a Saturday, review uptake then consider future events. There was also a need to ensure the events are equitable for everyone to attend. It was agreed to establish the remainder of the detail outside the meeting.</p>	<b>KD/LC</b>

**15.126 Quality Framework Progress**

Lisa Cunliffe gave a presentation outlining progress in relation to the development of a single Quality Framework for General Practice. It was agreed the current position is unsustainable for a number of reasons, particularly relating to a significant variation in accessibility, the range and quality of general practice in EL, historic underinvestment and an increasingly challenging financial position, no evidence of correlation between investment and improved quality and outcomes, significant workforce issues, increasing primary care demand, an aging population with increasingly complex needs and a higher than national level of disease burden in the younger population.

However, there was extensive experience in developing incentives to support improvements in outcomes across primary care, particularly relating to the Prescribing Incentive Scheme and Quality Improvement Schemes relating to cancer, dementia, demand management and access.

The outline proposal was therefore to introduce a single Quality Framework, over and above GMS from 1 April 2016 incorporating a set of standards that consolidate a number of existing schemes in addition to new and enhanced standards for General Practice. Four work streams had been identified incorporating Developing New Models of Care and Improving Quality.

Benefits of a single framework would increase investment across general practice, will reduce the administrative burden on both Practices and the CCG, enable the sharing of best practice and improve health outcomes and support the wider primary care transformation agenda. Schemes being considered for inclusion in 2016/17 were outlined which included universal Local Enhanced Services, a number of local quality improvement schemes and prescribing incentive scheme.

A resource of £5 per head of population had been identified with additional funding from the reinvested PMS resource to support the quality framework. The Framework would be opened up to every Practice with a focus on how to support GPs to get involved in the wider model of care to deliver improved access collaboratively. There was a need to develop a framework that could evolve over time and examples of the four domains were outlined, which defined the strategic aims, outcomes, how primary care will contribute and quality standards & measurements and the indicators would change as outcomes are delivered.

The next step was to refine the outline structure and hold an event on Wednesday, 2 December for General Practice with the aim of engaging with Practices in the development of the content to identify what primary care can contribute. This would also provide an opportunity for GP practices to consider what their support needs will be.

Discussion followed and it was agreed there was a need to be very specific in defining the outcomes and how they will be measured. There was also a need to understand the quality standards for cancer and dementia. Jackie Hanson was pleased to see Domain 4, pointing out that discussions regarding end of life care would fit within this domain, with emphasis of supporting collaboration at neighbourhood level.

Dr Huxley also welcomed the progress being made and considered that practices will appreciate the Quality Framework which would provide an

	<p>opportunity for representatives from patient groups to become involved. He advised that BwD CCG had already commenced this work and it was confirmed that discussions were ongoing with them to sense check their work.</p> <p>Sharon Martin advised the concept was that year one would be embedding and changing the culture, with a view to developing further in years two and three and support primary care to delivery in a different way by removing as much clinical variation as possible to improve outcomes and patient experience.</p> <p>Dr Ions agreed that looking at outcomes was essential, pointing out that some practices have difficult groups of patients in terms of engagement and it was recognised this will be harder for some Practices than others. Sharon provided assurance that there would not be comparison between practices but will compare people in localities to benchmark and support practices to look at others with similar case mixes. Investment within the new models will be collaborative within the neighbourhood.</p> <p>The Chair thanked Lisa for her presentation and was pleased to see the focus on improved outcomes and quality. She felt it is a very ambitious project and that there will be some anxiety from practices regarding investment, and looked forward to further updates.</p>	
<p><b>15.127</b></p>	<p><b>Primary Care Extended Hours Bid</b></p> <p>Members received an outline plan which had been submitted to NHS E and would be considered by their Senior Management Team with a view to securing recurrent resource to deliver improved access. Discussions were ongoing with GP practices, Federations and other providers of primary care services and patients to develop a new model of care that will deliver the East Lancashire vision for primary care.</p> <p>The Plan outlined the vision and how this will start to work with practices to be able to operationalise the vision and deliver the model. The Plan requested resource for project management support, infrastructure requirements, IT etc. Early in the new year work would commence to pilot one or two sites with this new model of care with a phased implementation of a hub within each locality by October 2016, recognizing that the CCG will need to contribute to this. The draft outline plan was subject to change as discussions commenced with Federations and also those practices not involved in Federations.</p> <p>It was reported there is a lot more work ongoing than is included in the plan and discussions were ongoing with Martin Ward, Specialist Consultant to obtain his view on delivery. Members discussed the report noting there was an expectation that the CCG will invest heavily and the recurrent resource would be a contribution towards the costs.</p> <p>The Chair had queries regarding the appropriate estate to deliver the services, pointing out the plan presupposes that the LIFT buildings will be the hubs. Lisa advised that due to the timescale for submitting the plans, the LIFT buildings were included as these have previously been used for extended access.</p> <p>Members received the report for information.</p>	

15.128	<p><b>Primary Care Winter Resilience</b></p> <p>Members received an outline plan which had been submitted to NHS E in order to secure non recurrent winter resilience for primary care and plans were in line with the System Resilience Group plans.</p> <p>The SRG had expressed concern that increased mainstream GP routine capacity on 26 and 28 December had the potential to destabilise the urgent primary care system as it will draw on the same workforce delivering OOH and GP in UCC services. There was a need to put additional resource into the OOH provider and GP in urgent care on 26 and 28 December and enhance routine capacity into general practice around the three weeks before, during and after the Christmas period.</p> <p>Lisa confirmed the bid had been approved by NHS E and work was ongoing to draft the specification to go out to practices for the 3 weeks over Christmas. The Chair asked about the communication plan highlighting the need for information to be advertised in practices to ensure patients are aware of the plans. Lisa confirmed that the wider communications plan was being address by the Operational Delivery Group for the wider winter plans.</p> <p>It was recognised there will be areas that are more likely to have access to additional capacity and information would be issued to all practices regarding this.</p>	LC
15.129	<p><b>Any Other Business</b></p> <p><b>15.56.1 Items for inclusion on the Corporate Risk Register</b> There were no new items for inclusion on the Register.</p>	
15.130	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The next meeting was confirmed as Monday, <b>21 December at 3pm.</b></p>	
<p><b>RESOLUTION</b></p> <p><b>“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.”</b> <b>(Section 1[2] Public Bodies (Admission to Meetings) Act 1960.</b></p>		