

## NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Monday, 17 August 2015  
at 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/Deputy Lay Chair
Tom Wolstencroft	Lay Member - Governance
Mark Youlton	Chief Finance Officer

**In Attendance:**

Angela Brown	Director of Corporate Business
Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Jackie Forshaw	Head of Primary Care, NHS
Tony Harrison	EL Health & Wellbeing Partnership representative
Duncan McGrath	Head of Primary Care Development, Local Medical Committee
Anne MacLeod	Corporate Administration Manager - Minutes

Min Ref:		ACTION
15:81	<p><b>Welcome &amp; Chairs Update</b></p> <p>The Chair welcomed everyone to the meeting and welcomed Duncan McGrath from the LMC.</p>	
15:82	<p><b>Apologies</b></p> <p>Apologies were received from Dr Ions, Cath Randall, Gill Brown and Peter Higgins.</p>	
15:83	<p><b>Governance:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Declarations of Interest:</b> there were none received</li> <li>▪ <b>Quoracy:</b> the meeting was quorate.</li> </ul>	
15:84	<p><b>Minutes of the meeting held on 20 July 2015</b></p> <p>The minutes of the meeting held on 20 July 2015 were approved as an accurate record.</p>	
15:85	<p><b>Action Matrix v5</b></p> <p><b>15.23 Primary Care Development</b> Capacity of the Primary Care Team was being considered as part of the wider review of the structure and an update would be provided to the next meeting.</p> <p><b>15.36 MoU – Emergency Planning &amp; Resilience</b> A meeting had been arranged with NHSE to progress with an update to the next meeting.</p>	<p style="text-align: center;"><b>SM</b></p> <p style="text-align: center;"><b>AB</b></p>

	<p><b>15.76 Primary Care Support Service</b> Jackie Hanson was to meet with Trish Bennet, Director of Nursing at NHS E to discuss and would feed back to the next meeting.</p>	<b>JH</b>
<b>15:86</b>	<p><b>Matters Arising</b></p> <p><b>15:86.1 Delegation Agreement Update</b></p> <p>Jackie Forshaw confirmed that the final point relating to SO/SFIs had been escalated through the Finance networks and feedback would be provided once received.</p>	
	<p><b>15:86.2 Memorandum of Understanding Update</b></p> <p>The Memorandum of Understanding was now subject to the first quarterly review. The first amended version was to be submitted to the Co-Commissioning Management Group in August with an update to the next meeting.</p>	
	<p><b>15:86.3 Terms of Reference – Quality Framework Project Group</b></p> <p>Lisa Cunliffe presented the Terms of Reference for the Quality Framework Project Group (QFPG).</p> <p>The Chair referred to the organisational chart which identified a number of Committees reporting into the QFPG but there was no reference within the ToR. The title of the Group was also different. The ToR would be updated to incorporate this.</p>	
<b>15:87</b>	<p><b>Burnley Locality – Over 75s Proposal 2015/16 Local Improvement Scheme (LIS)</b></p> <p>Michelle Hartley, Practice Manager was in attendance for this item.</p> <p>Michelle gave a detailed presentation describing proposals as to how the unallocated funding from 2014/15 will be utilised in the Burnley locality to develop services aimed at supporting practices in transforming the care of patients aged 75 or over and reducing avoidable admissions.</p> <p>Burnley practices recognised the need to work differently and pooled resources to work together as a locality. Two Specialist Nurse Practitioners (SNP) had been recruited and incorporated into the Integrated Neighbourhood Team (INT) model to look at an overarching framework of care within the localities so that all GPs are working together in a more standardised way.</p> <p>The SNP had identified variation in the provision of end of care treatment and the Burnley Palliative Gold Standard had been developed for implementation across the Burnley INT with a view to reducing inappropriate clinical interventions and inappropriate hospital admissions. A stakeholder event was also planned to drive this work, with follow up review meetings to test the process and identify areas for improvement. An end of year report would also be produced with a view to improving year on year.</p> <p>Work had also commenced on a Burnley Suspected Urinary Tract Infection (UTI) Protocol as UTIs were considered the most common indicator of ill health in the elderly. Using national guidance, a UTI toolkit had been built to roll out by SNPs across Care Homes for staff to monitor fluid intake. Practices would</p>	

	<p>also follow a similar protocol with a view to reducing the need for inappropriate antibiotic prescribing.</p> <p>Michelle confirmed the main aim of the scheme was to provide an overarching framework of care, using community teams, patients and carer, outlining how we can work more efficiently and effectively to deliver better and safer care, delivered by a team confident to deliver it. Funding would be allocated per head of population on a practice population basis.</p> <p>Members thanked Michelle for a very good presentation and discussed the information provided. Concerns were raised regarding the amount of work involved in completing fluid intake charts for patients, however it was agreed this was basic care and there was a need to work as a whole system to support this. Reference was made to the Mid Staffordshire Inquiry where patients were not being adequately supported and the intake of fluids was part of basic good quality care. It was recognised there were multiple providers involved and it was important to ensure the appropriate governance arrangements are in place. Members also agreed collaboration of practices working together and sharing resources was to be celebrated. Following evaluation of the scheme, it was the intention to look at lessons learned, build into the quality contract and roll out to other localities across East Lancashire.</p> <p>Members supported the proposals for the Over 75s Primary Care Local Improvement Scheme and the Chair thanked Michelle for her presentation.</p> <p><b>ACTION: Table 3 to be reviewed and circulated to members.</b></p>	<p>JT/AM</p>
<p>15:88</p>	<p><b>Enabling Primary Care Access Local Enhanced Service (LES)</b></p> <p>Sharon Martin, Director of Performance &amp; Delivery presented a report outlining proposals to provide a resource to support General Practice to work up the new model of Primary Care Access and Out of Hospital medical cover. Each Practice will receive 50p per registered patient which will be paid during September to enable Practices to work with the CCG to develop a model of enhanced primary care across localities.</p> <p>Sharon referred to the extensive work carried out by Dr Ford, Lisa Cunliffe and Michelle Pilling to develop the vision of primary care which was approved by the Governing Body.</p> <p>The report provided details of the outcomes expected to be delivered, which were outlined in more detail in the service specification attached to the report. It was confirmed that the specification was no longer considered confidential and ELMS would be added to the list of Federations under Section 8.</p> <p>Members approved the Local Enhanced Service.</p>	
<p>15:89</p>	<p><b>Primary Care Transformation Team</b></p> <p>Jackie Forshaw, Head of Primary Care, NHS E presented a detailed report outlining a proposal to establish a Primary Care Transformation Team in Lancashire in 2015/16, the purpose of which was to provide a pump priming resource to create additional capacity to support CCGs to deliver primary care transformation. The report was being considered by the Co-Commissioning Management Group on 28 August, prior to sign off by the CCG and NHSE Senior Management Team.</p> <p>The proposal had been put forward by Graham Urwin, Director of</p>	

	<p>Commissioning Operations, NHS E with the intention of putting in place a similar team to that in Greater Manchester which was a distinct and separate arm of the Healthier Together team. Discussions had taken place with CCGs in Lancashire and the report outlined the current position and priority areas. A structure had been identified to support this work and the team would be recruited during 2015/16 and be funded up to 31 March 2017. Governance arrangements were outlined together with associated risks and project deliverables.</p> <p>Sharon Martin had discussed the proposals with Jackie prior to the meeting and was pleased that a resource had been identified to support shared work across Lancashire regarding primary care. She pointed out that CCGs were at different points across Lancashire regarding redesign and EL had moved forward with the delivery of a different model for primary care. She was unsure how one team in Manchester will work and how all CCGs will deliver some standardisation, pointing out that EL would like to retain some individuality.</p> <p>Jackie acknowledged that plans are in different stages, as was the investment and it was not intended to bring all CCGs in line for one model regarding access. NHS E were undertaking a baseline assessment across Lancashire of all access plans to understand what level of support is required for each CCG. Discussions had also commenced with CCGs to expand into social care to focus on the wider development. The role of the Transformation Team is to share learning and progress across CCGs. The principle of how the resource will be allocated was also being considered.</p> <p>A detailed discussion followed, particularly relating to the project deliverables as it was considered the CCG was already doing a lot of the work outlined. Regarding governance arrangements, it was confirmed that the Terms of Reference had been amended to ensure that monitoring and oversight of the Team will be through the Co-Commissioning Management Group. It was also considered that CCGs having got control of primary care should be able to move forward and the proposals outlined did not feel the right direction of travel. Sharon Martin asked if consideration could be given to the resource coming to the CCG to support the primary care agenda, as a financial or staffing resource.</p> <p>Members discussed the approval process and the consequences if the CCG did not agree to the proposals. Reference was made to the mitigation of risks outlined in the report, however members felt the CCG would not agree with the statement of mitigation if the CCG did not support the establishment of the Team.</p> <p>Dr Huxley felt there were a number of concerns and issues fitting into the wider agenda. There was a need to learn from others whilst ensuring that primary care is not seen in isolation. He felt there was a need for a better understanding before the proposals can be approved.</p> <p>Timescales in terms of decision making were outlined and members were asked to forward comments to Lisa Cunliffe by 21 August to enable these to feed into the Co-commissioning Board on 28 August 2015.</p>	<b>ALL</b>
15:90	<p><b>Clinical Pharmacists</b></p> <p>Lisa Cunliffe presented a paper prepared by Lisa Rogan, Head of Medicines Commissioning.</p>	

	<p>The role of Clinical Pharmacists in general practice is patient facing and is part of an NHS E pilot testing innovative workforce models designed to support general practice. The Pilot will be evaluated so that success and learning will be identified and reported. The Pilot will be part funded for three years with an expectation that practices will fund year 4 and beyond. It is anticipated that approximately 250 clinical pharmacists will be in post next year, supported by higher level senior pharmacists. NHS E had written to Practices inviting them to bid to participate in the pilot. Lisa Rogan felt the CCG was in a good position to support this, with a strong Medicines Management Team (MMT) in place and the workplan would be flexed to enable Senior Pharmacists to support practices.</p> <p>A workshop was held on 6 August when several interested practices discussed the proposals and received further guidance as to how the Medicines Management Team could provide mentorship and management within an existing overarching framework which would also offer flexibility to successful practices in how they deploy their clinical pharmacists.</p> <p>For each Clinical Pharmacist, NHS E will provide 60%, 40%, 20% funding over the three year period and the CCG was asked to consider a 50:50 funded arrangement of the practice element. It was agreed this was the way forward, however there were concerns regarding the matched funding when there are issues elsewhere requiring support. Mark Youlton confirmed the model will provide more efficiencies in prescribing and by year 4 the practice will have to fund themselves.</p> <p>Dr Ford declared a conflict of interest in this issue. She advised that her Practice Manager was working with a group of deprived practices, with MMT support, to develop a bid and she had encourage this work.</p> <p>Members discussed the proposals, particularly relating to workforce and deprivation and the need to consider equity beyond this particular pilot. It was agreed the way forward was to support the pilot whilst longer term funding would require further consideration.</p> <p>In conclusion, Members supported the collaborative bid, with support from the Medicines Management Team. If the bid was successful, funding would be considered on that basis.</p>	
<p><b>15:91</b></p>	<p><b>NHS E Quarterly Report</b></p> <p>Jackie Forshaw presented the Performance Report for the reporting period April to June 2015. Discussions were ongoing regarding the format and Version 1 had been populated for East Lancashire CCG. NHS E North Analytical Team will provide support and Jackie Forshaw's team will provide information relating to contractual changes. Jackie welcomed any comments, noting that the information would be presented in a larger font next time.</p> <p>It was recognised the information presented would be in the public domain via the CCG website. It was considered there would be more questions behind the data regarding contractual issues which should be considered in Part 2. Exception reports regarding developing practice improvement plans would also need to be considered in Part 2 and further discussed by the Quality and Safety Committee.</p> <p>Members were asked to notify Jackie if there were any additional sections to be included.</p>	

15:92	<p><b>Any Other Business</b></p> <p><b>15:94.1 Items for inclusion on the Corporate Risk Register</b> There were no new items for inclusion on the Register.</p>	
15:93	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The next meeting was confirmed as Monday, 21 September 2015 at 2pm.</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>		

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