

## NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Monday, 17 October 2016  
2pm at Walshaw House**

**PRESENT:**

Naz Zaman	Lay Member - Equality & Inclusion : Chair
Jackie Hanson	Director of Quality & Chief Nurse
Sharon Martin	Director of Performance & Delivery – Conference Call
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair
David Swift	Lay Member - Governance

**In Attendance:**

Nick Burks	Finance Manager
Lisa Cunliffe	Primary Care Development Manager
Jason Newman	Head of Commissioning – Performance & Delivery
Sheena Wood	Primary Care Lead, NHS E North
Rebecca Demain	Head of Commissioning – Integrated Care
Peter Higgins	Chief Executive, Local Medical Committee

Min Ref:		ACTION
16.155	<p><b>Welcome &amp; Chairs Update</b></p> <p>The Chair welcomed Members to the meeting and introductions were made. Jason Newman and Nick Burks were also in attendance.</p>	
16.156	<p><b>Apologies</b></p> <p>Apologies were received from Kirsty Hollis, Angela Brown, Mark Youlton, Dr Huxley, Dr Daly, Sarah Danson and Sheralee Turner-Birchall.</p>	
16.157	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>▪ <b>Declarations of Interest</b> : There were no declarations of interest.</li> <li>▪ <b>Quoracy</b> : The meeting was quorate.</li> </ul>	
16.158	<p><b>Minutes of the meeting held on 19 September 2016</b></p> <p>The minutes of the meeting held on 19 September 2016 were approved as an accurate record.</p>	
16.159	<p><b>Action Matrix</b></p> <p>The Action Matrix was discussed and updated as follows:</p> <p><b>16.127 : Primary Care Transformation Update</b> A meeting was scheduled for Sharon Martin and Rebecca Demaine to meet with Stephen Gough from the Transformation Team to further discuss what support can be provided.</p>	

	<p><b>16.130 : Meeting Dates</b></p> <p>Previous discussions identified the need to move the PCC meeting day to Tuesday together with a proposal to schedule meetings bi monthly. It was recognised that Tuesday mornings clashed with a number of existing meetings, including SMT and the Sustainability &amp; Performance Group. Sharon Martin raised concerns in terms of bi monthly meetings. It was therefore agreed to map out a Tuesday afternoon and schedule meetings in November and January, then review frequency.</p>	<b>AM</b>
<b>16.160</b>	<p><b>Matters Arising</b></p> <p><b>16.160.1 Memorandum of Understanding</b></p> <p>The revised Memorandum of Understanding (MoU) had been received by the CCG for review. Lisa Cunliffe had advised NHS E that the CCG was not in a position to comment until after the Primary Care Committee (PCC) meeting. She had attended the Co-commissioning Management meeting between CCGs and NHS E and provided feedback, advising that the MoU for 2017/18 will change as it doesn't currently include procurement.</p> <p>Members discussed the revised document and felt it still did not cover all aspects and included statements which needed more refinement. It did not include performance management of individual performance issues and requires further clarity in terms of who is doing what. There were concerns that Emergency Planning was listed as 'needing further development'. David Swift advised that the Audit Committee had received a report earlier in the day which confirmed that robust processes are in place to manage Emergency Planning and this information was available to NHS E.</p> <p>With reference to complaints, it was felt that quarterly reporting on themes and trends was not adequate enough as there is a need to understand issues in a timely way. Support services were also discussed and Lisa confirmed that the Primary Care Contracting Team cover all four contract groups. By keeping the contracting team together, the CCG would have better support than allocating specific people to the organisation. There was also a need to consider and agree how to obtain further exchanges of information.</p> <p>Following discussion, Members agreed the MoU did not provide adequate assurance and did not feel in a position to sign off as it is not yet complete. It was also recognised that the organisations are already 7 months into a 12 month agreement and the document will need to change going forward to 2017/18.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>▪ Comments and concerns to be fed back to Jackie Forshaw and the Primary Care Team at NHS E.</li> <li>▪ Consider a workshop with NHS E in December to address some of the issues in the MoU.</li> </ul>	<b>LC</b> <b>SM/LC</b>
<b>16.170</b>	<p><b>Over 75s Evaluation</b></p> <p>Rebecca Demaine, Head of Commissioning, presented the report and referred to discussions at the July meeting of the Committee when it was agreed to manage over 75s differently.</p>	

	<p>The report described the Over 75's Core Offer across all Localities in East Lancashire, together with output and outcome measures.</p> <p>In response to the Chair's enquiry as to how it was proposed to meet the proposals outlined in the core service officer, Rebecca confirmed that a standard operating procedure had been developed and each locality is responsible for determining what provision is necessary within their local area to meet the aims and objectives.</p> <p>Rebecca confirmed that the national resource went to the Practices to improve capacity and it was proposed to continue to invest that resource but manage and monitor against the outcomes through the Quality Framework going forward. It was also recognised there will no longer be any Over 75s slippage.</p> <p>In terms of outputs and outcomes, it was important to ensure there are enough qualitative measures incorporated. There was also a need to be aware if someone is discharged from hospital and readmitted in 30 days. Patients will be relying on a carer if they have significant health issues and it was felt important to include support for the carer to ensure the patient maintains their independence.</p> <p>Members received the report and approved the core service offer and outcome measures, taking into account the points raised.</p> <p><b>Peter Higgins joined the meeting.</b></p>	
16.171	<p><b>Integrated Neighbourhood Team (INT)</b></p> <p>Members were reminded of discussions at the July meeting of the Committee when a recommendation was made to ensure that the service was gathering appropriate outcome measures.</p> <p>Rebecca advised that further work had taken place with the Service, Localities and Business Intelligence and the report provided an overview of the current data collection and the new agreed data collection areas, which will commence in October 2016. This will provide detailed information on the effectiveness of the INT. It was noted that work was ongoing to look at this in a much wider context across Pennine Lancashire in terms of quality standards. A workshop to develop the East Lancashire INT is taking place on 25 October 2016 and a review of the data collection templates would be carried out.</p> <p>Rebecca provided sample analysis of patient level tracking in respect of A&amp;E activity, unplanned activity and bed days analysis which identified a significant impact once the patient has been through the Multi Disciplinary Team (MDT) process.</p> <p>Peter Higgins referred to INT as being the key to the future, making reference to the analysis in July, the current position and the work ongoing in each of the different localities and asked if there was to be a common goal or whole system framework. Rebecca confirmed that the data had been revised to be more useful and more powerful. Ribblesdale and Rossendale have been testing the MDT models and the workshop on 26 October would review the data currently being collected. Work was also ongoing to develop the EMIS data collection template to look at what</p>	

	<p>information needs to be collected and reduce the burden on the service to manually complete.</p> <p>Following discussion, members supported the recommendations to amend the data collection template for the EL INT.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>▪ Forward details of the Workshop to the LMC.</li> <li>▪ A further report regarding the development of the Service Model for INT to be presented to the November meeting.</li> </ul> <p><b>Sheena Wood joined the meeting.</b></p>	<p><b>RD RD/KH</b></p>
<p><b>16.172</b></p>	<p><b>Zero Tolerance Update</b></p> <p>Sheena Wood, Primary Care Lead, NHS E referred to previous discussions regarding the development of a revised Zero Tolerance Patient Scheme across Lancashire and the procurement of a single provider under an APMS contract agreement. Sheena was visiting CCGs across Lancashire to provide updates in terms of progress and to invite the Committee to review the model as it stands and support the procurement.</p> <p>The Request for Information was based on the service specification and had been issued in draft. Feedback received would help shape the model, prior to going out to procurement. Sheena advised that Practices currently providing the service are issuing cessation notices and it was important to get the model right. It was confirmed that comments had been received from the LMC which would be built into the model.</p> <p>In terms of timescales, it was intended to go out to the market in November for a 4 week period to receive bids. This would be followed by a Bidder Day and assessment, with input from clinicians and managers, with a view to implementing the new Scheme in April 2017. The Service will be advertised as a whole procurement with one single provider across Lancashire. The aspiration is to have sites across Lancashire, noting there would two in East Lancashire, one in Nelson and another at a venue to be confirmed.</p> <p>Sharon Martin advised Members that the service is currently provided by GP practices across Lancashire, under a Service Level Agreement based on payment by results and telephone enquiries. Providers have been given notice on the contract and the service will cease to exist in its current form from end March 2017.</p> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>▪ Link to review the service specification to be forwarded to the CCG.</li> </ul> <p>Members acknowledged the work ongoing and supported the proposals to proceed with the development of a new, more robust service that is different to the current service, funded by NHS E.</p>	<p><b>SW</b></p>
<p><b>16.173</b></p>	<p><b>Service Specification – Highfield House</b></p> <p>Lisa Cunliffe presented the report which outlined a proposal for a service specification for the provision of specialist GP support to Highfield House. She confirmed that Peel House Medical Practice currently provide this</p>	

service as a PMS practice, which is over and above core GMS services. Highfield House is a 22 bedded hostel, run by the National Probation Service for male offenders who spend time in the hostel. The service provides a stable environment for the patient to receive continuing health care and provides a safe environment for the individuals involved in delivering the treatment. It was recognised that delivery of this enhanced service was dependent on Peel House signing their PMS contract variation.

The Chair asked how the costings had been worked out. Lisa advised that the tariff was based on funding that is being provided by the Home Office for the provision of GMS services to Syrian Refugees and was the price per bed being used for 52 weeks of the year. It was noted that placements were for 12 week periods but turnover was significant.

Members discussed the proposals and asked if this is approved for Peel House, what would be the position with Daneshouse and the Homeless Hostel. Lisa felt that was a different situation as occupants of the homeless hostel can choose to register at any Practice, but it is something that could be reviewed in the future.

Sharon Martin expressed concerns regarding the costings, which she felt was a large amount for the services being provided. It was not clear from the specification what additionalities are being provided over and above drug and alcohol services. She asked if the specification was equitable and if the CCG was setting a precedent, suggesting the financial model needs further consideration. Lisa outlined the additional workload involved, which included liaison with the Probation Service and the hostel and the need to always have two people available.

There was also a suggestion that this service could be aligned with the service NHS E are looking at regarding zero tolerance, however Lisa confirmed the provision of specialist GP support was very specific to Hyndburn. She also advised that the CCG commissions services for two other womens hostels. In order to deliver GMS services to a vulnerable group, there is more work for the practice in terms of administrative support.

Peel House were currently delivering this service, however under the PMS Review there is a requirement to make the service equitably available and was there a requirement to offer this service to other practices within Hyndburn.

The LMC welcomed the initiative and queried why this enhanced services was not identified during the PMS review.

In terms of benchmarking, members felt it was not appropriate to compare with Syrian Refugees, as they have different health and cultural issues.

**ACTION:**

- Identify if there are other similar services in Lancashire, noting there was a similar place in Preston, commissioned by Greater Preston CCG.
- Align the NHS E service specification for the Zero Tolerance Scheme to signpost patients to other services.
- Identify how patients in Blackburn are funded.

	In conclusion, Members requested this service be benchmarked against similar models across Lancashire, with a further report to the November meeting.	
<b>16.174</b>	<p><b>Syrian Refugees</b></p> <p>The report provided details of the Syrian Resettlement Programme (SRP) and outlined the arrangements taking place in East Lancashire.</p> <p>LCC had agreed to resettle families as part of the national resettlement programme and it was confirmed that ten families had been resettled in the Pendle area. The SRP is fully funded by central Government and the programme also provides funding for CCGs to cover primary and secondary health care costs, details of which were outlined in the report.</p> <p>A Service Level Agreement had been formulated and cascaded to GP practices within the Pendle locality to identify if any primary care provider was interested in undertaking the work. It was noted that two expressions of interest had been received and following discussions, the Executive Management Team had agreed that ELMS were the preferred provider.</p> <p>Members expressed concern at this decision, particularly in view of previous concerns regarding ELMS. Jackie Hanson provided feedback, confirming that a recent CQC inspection at ELMS received a good outcome in respect of quality, service delivery, safeguarding and dealing with vulnerable patients. However it was agreed to further review the decision taken at EMT outside the meeting, with a view to offering the service to both practices.</p> <p>It was confirmed that Refugees will receive an initial health check when they arrive in the country and a further full health check when they attend the practice, together with screening.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>▪ Review the decision regarding the Primary Care Preferred Provider and consider if the service should be offered to both practices. Discuss at EMT on Wednesday 19 October 2016.</li> </ul> <p>Members received the report and noted progress in implementing the required actions as mandated by the Home Office.</p> <p><b>Footnote:</b> Decision was reviewed at EMT on 19 October 2016. Confirmed that Refugees arrived on 29 September and all have now registered with ELMS. There are currently no problems but this will be monitored as per the agreement with NHS E. The Preferred Provider will be reviewed to coincide with the next cohort of Refugees, due in Spring 2017.</p>	<b>SM</b>
<b>16.175</b>	<p><b>Any Other Business</b></p> <p><b>16.175.1 Items for Inclusion on the Corporate Risk Register</b> There were no new items for inclusion on the Register.</p>	

	<b>Date &amp; Time of Next Meeting</b>  Following earlier discussion, the meeting dates would be reviewed and details issued to Members.	
<b>RESOLUTION:</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.” (Section 1[2] Public Bodies (Admission to Meetings) Act 1960.		

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