NHS
East Lancashire
Clinical Commissioning Group

PRIMARY CARE COMMITTEE

Minutes of the meeting held on 21 November 2016
2pm at Walshaw House

PRESENT:

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

In Attendance:

Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Dr Mark Dziobon	Clinical Director, Performance
Peter Higgins	Chief Executive, Local Medical Committee
Dr Phil Huxley	CCG Chair

Min Ref:		ACTION
16.186	**Welcome & Chairs Update** The Chair welcomed members to the meeting.	
16.187	**Apologies** Apologies were received from Mark Youlton, Angela Brown, Dr Daly, Jason Newman & Sheralee Turner-Birchall and Jackie Forshaw.	
16.188	**Governance** ▪ **Declarations of Interest:** GPs declared an interest in primary care items. ▪ **Quoracy :** The meeting was quorate.	
16.189	**Minutes of the meeting held on 17 October 2016** The minutes of the meeting held on 17 October 2016 were approved as an accurate record.	
16.190	**Action Matrix** The Action Matrix was discussed and updated as follows: **16.127 : Primary Care Transformation Unit** It was confirmed that Rebecca Demain had met with Stephen Gough from the PCTU to discuss support available. It as noted that as the Primary Care Strategy develops, the CCG will liaise with the Team for support. **16.160.1 : Memorandum of Understanding (MOU)** Comments and concerns raised at the PCC had been fed back to Jackie	

Minutes approved by the Chair : 9.12.16

	Forshaw at NHS E. She had advised that the MoU has been agreed by all other CCGs and asked if there is a way the CCG can agree for this year, being clear where the issues are, to ensure a correct MoU is in place from April 2017. Dr Huxley felt it was not appropriate to support a document that we don't agree with, as there are a number of issues to be addressed. An example of this was the recent concerns expressed by NHS E around capacity to support the CCGs upcoming APMS procurement. It was noted that if this support isn't given and has to be procured from another agency, the CCG might be liable to litigation costs and full costs of securing this advice. The PCC felt this was not acceptable. Lisa confirmed the Co-Commissioning Management Group were meeting on Friday, 25 November and would consider these issues, with a view to holding a workshop to address the areas of concern. **16.174 : Syrian Refugees** The points raised at the last meeting relating to the preferred Provider will be reviewed to coincide with the next cohort of Refugees, due in September 2017.	
16.190	**Matters Arising** There were no matters arising.	
16.191	**New Models of Care Update** The progress report confirmed there was agreement in principle from the Federations to work together on a joint venture across East Lancashire. A joint collaborative design group was to be established to support the development of the detailed service delivery model and implementation plan and Federations are meeting to consider their organisational form, which will work in parallel to the service delivery model. There were concerns in Hyndburn regarding the end of the contract for the Walk-In Centre and a meeting had taken place with stakeholdes and also with the Hyndburn Overview & Scrutiny Committee to address concerns regarding the new model as a proposed alternative to the walk in centre and discussions were positive. In terms of care navigation, the CCG have been working with organisations where this had been successful. West Wakefield Health & Wellbeing have developed and implemented an effective care navigation model and have capacity to work with 2 CCGs across the NW and have agreed to support CCG. Resource has been identified to support this and it was the intention to commence the work in the Hyndburn locality as the area to move forward first. It was recognised the models in Ribblesdale and Rossendale are well developed with practices working well together but need the focus to be in Hyndburn Lisa outlined the risks and concerns regarding timescales which had already slipped from the original plan. An outline project plan with revised timescales was attached to the report and an update would be presented to the December meeting. In addition, discussion were ongoing with the CSU to develop an alternative plan, should the Federations not be in a position to	

	deliver from 1 March 2017. This would involve a mini procurement from January 2017 to ensure continuity of service in Hydburn from 1 April 2017. However, it was recognised that having providers involved with service design brings a Conflict of Interest which would have to be managed. Dr Huxley said it was important to get it right in Hyndburn and was anxious about the offer from West Wakefield in that we would be testing something that we have not seen before, which could be a risk. He pointed out that if there is more confidence in the Rossendale model and asked if we could test first in Rossendale then roll out to Hyndburn as something that we know is working well. Sharon advised that timescales would not allow for this. Lisa highlighted the need to strengthen the reception element in Hyndburn and a bespoke training package had been agreed for reception staff in each of the GP practices. The second level would involve transitional support with care navigators in the hub, based on the work we have done with the stakeholders in Hyndburn regarding their concerns. The West Wakefield model best fits the model that is described to us by our patients and two days consultancy would be provided initially. Lisa confirmed there will be resource coming from the GP Forward View to support care navigators and receptionist training. The objective of the training is to invest in and upskill our workforce to navigate patients around the complex service. Training would commence in Hyndburn and would then be rolled out across the other localities. A flow chart was being developed, outlining process in terms of procurement and timescales. There were concerns that timescales are slipping and if the Federations were not in a position to provide the service, it would be necessary to identify a caretaker service and agree how quickly this can be put in place. **ACTION:** ▪ Funding for release and back-fill for staff undertaking training to be considered locally. ▪ Federations need to identify if this is achievable as a collaborative and if not they must stop, as some providers may wish to take a different view. It was important to have clarity prior to the next PCC and Lisa would follow up. ▪ Obtain clarity regarding the petition from Hyndburn as this had not yet been received, together with legal advice in respect of possible challenge associated with the petition. Members agreed the proposed Project Plan and associated risks and supported the proposal from West Wakefield to trial the Care Navigator Model in Hyndburn.	**LC** **LC** **LC**
16.192	**Highfield House – Service Specification Update** In presenting the report, Lisa referred to discussions at the October meeting when there was a request for further information in respect of costings and what the additional responsibilities would be for the practice. The report provided further information in terms of tariff benchmarking and specific additional responsibilities for the potential service provider that are over and above those normally provided through a standard GMS contract.	

	These relate to GP specialist support to the residents of Highfield House in Accrington, a 22 bedded hostel run by the National Probation Service. Reference was also made to the development of a Lancashire wide zero tolerance service and work was ongoing with Sheena Wood at NHS E to ensure that both schemes are closely monitored to avoid duplication. Members were asked to consider the additional information and the updated service specification. It was recognised that delivery of this enhanced service is dependent on the Practice signing their PMS contract variation. Members requested a review in six months time regarding the actual number of patients registering with the Practice and also asked about the process for unregistering when patients move on and need to register with a practice elsewhere. It was confirmed that the Safeguarding Team have been working with Andy Laverty to develop the service specification. The service is currently being provided by Peel House Medical Practice and initially would remain with Peel House, then request Expressons of Interest from practices within the Hyndburn area. **ACTION:** ▪ Amend reference to an appropriate GP Practice to read Preferred Provider. Members approved the revised service specification.	**LC/AL**
16.193	**Integrated Neighbourhood Team Service Proposal** Kirsty Hamer was in attendance for this item. Members were reminded of discussions at the July meeting when it was agreed to develop an East Lancashire INT Service Proposal with full costings and outcome measures. A well attended workshop was held on 25 October to review the evaluation and address areas for improvement. The report provided an overview of each programme area and a number of recommendations were identitfied together with plans for implementation. A significant gap identified at the workshop related to I&T as not all providers are using the same IT system and there were also concerns regarding information sharing agreements. The importance of having a single provider for the INT Core Team was also discussed and it was recongised there is inequity across localities in terms of workforce. A number of key recommendations were presented to the Primary Care Committee for approval, particularly: ▪ Support the request for additional capacity, to have 10 clinical coordinators and 10 MDTs ▪ Expansion of the mental health provision, currently in 3 neighbourhoods to all 9 neighbourhoods; ▪ INT staff to be employed by one provider These recommendations would be built into one service specification for a service provider to work within. The additional recommendations from the workshop would be developed further by the INT Board and Locality	

	Managers. Sharon Martin thanked Kirsty for her report which was an excellent piece of work and demonstrated the benefits of INTs. Members discussed the findings and agreed that by moving from a borough to a neighbourhood is an opportunity to bring everyone up to a level. The benefits of having one provider or working towards a collaboration of providers was also being considered, however there had been issues regarding access to other providers electronic systems and difficulties with cross cover with other providers. It was agreed there are different ways of taking this forward, recognising that the Core Team need to be employed by one provider and discussions are ongoing in terms of the way forward and the options for a collaborative approch. It was also recognised that the core of this work is irrespective of the area it is in, highlighting the need to get to a level then consider the needs of particular areas. There is a need to consider the options and what this means in terms of procurement. Governance issues were also a concern and would be addressed through the Board with a view to identifying an Information Governance Champion. Kirsty Hollis agreed this was a fantastic piece of work which was launched as a pilot and can now demonstrate positive outcomes and benefit for patients. She supported the request for the additional resource of £323,372 to deliver this. In conclusion it was recognised there are differing views as to the way forward, however it was important to have a consistent approach. The 10 Co-ordinators need to be part of a team and one provider would support this. There is a need to be clear who owns the Action Plan and who is leading this work Members supported the recommendations which would be further developed by the East Lancashire INT Board and Locality Managers.	
16.194	**Primary Care Winter Resilience** Members received a report outlining plans for increasing capacity and ensuring resilience in primary care during the Christmas and New Year period 2016/17. The report described the Directed Enhances Service (DES) and the Local Enhanced Services (LES) currently commissioned by ELCCG which requires practices to provide access to GP appointments outside of core contracted hours. There are currently 5 providers of the LES covering 8 GP practices and a population of approx. 26,000. The estimated resource requirement was outlined, noting that the variation in costs was dependent on the uptake from practices. It was proposed to issue a service specification to practices to deliver extended access from 19 December 2016 to 6 January 2017, not including bank holidays as there is a proposal from Pennine Lancashire to increase capacity through the GP Out of Hours service on Bank Holidays. This is in line with the model used last year, which was more successful than in previous years.	

	Lisa confirmed the proposals cover the Christmas period and if there is slippage on the funding, additional support could be provided to primary care over the following winter months. Members discussed the resources available in terms of winter resilience money and primary care access money. It was confirmed that NHS E have released a third of the £1.4m to support winter resilience and it was agreed to review what is committed then go back to NHS E to draw down more to support plans for all the winter months rather than just the Christmas period. Dr Huxley pointed out that the GP OoH service have additional resource for the winter months and primary care are being asked to extend what they would normally do. He asked if resilience in primary care could be recognised in the same way with additional funding to provide additional capacity within normal hours, to fund locums in primary care. This was further discussed, recognising that if practices are not supported during winter months, this will have a knock on effect on the wider system. Sharon Martin highlighted that ELMs will be expected to provide additional activity with their resource, it is not just being allocated to sure up core services. However Sharon agreed that there is a need to support resilience in primary care during winter months and asked Lisa to consider how this can be achieved. Further discussion would take place with NHS E to identify how much money could be made available from NHS E and if resources could be made available from elsewhere. Members supported the recommendations to increase capacity and ensure resilience in primary care during the Christmas and New Year period 2016/17 and correspondence would be issued to practices. **ACTION:** ▪ Consider the criteria for drawing down £1.4m from NHS E to fund the new model of care to end March 2017.	**LC/KH**
16.195	**Any Other Business** **Items for Inclusion on the Corporate Risk Register** Regarding the New Models of Care, it was agreed the following areas be included on the Risk Register: ▪ **Timescales regarding implementation** ▪ **Petition from Hyndburn** ▪ **Procurement options**	**LC**
16.196	**Date & Time of Next Meeting** The next meeting was confirmed as **Monday, 19 December at 2:45pm**. Advance apologies were received from Michelle Pilling.	
RESOLUTION: **"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.**		