

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Wednesday, 11 January 2017
2pm at Walshaw House**

PRESENT:

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

In Attendance:

Angela Brown	Director of Corporate Business
Kerry Galloway	Projects Manager, Healthwatch Lancashire
Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Peter Higgins	Chief Executive, Local Medical Committee
Dr Phil Huxley	CCG Chair
Mark Youlton	Chief Officer
Phil Mileham	Ribblesdale Healthcare Ltd]
Carole Martin	EL Union of GPs] In attendance for Item 6.1
Kathryn Philips	Pendle Care Direct Ltd]

Min Ref:		ACTION
17.001	<p>Welcome & Chairs Update</p> <p>The Chair welcomed everyone to the meeting and wished Members a Happy New Year. There were new members present and introductions were made. Phil Mileham, Carole Martin and Kathryn Philips were representing the GP Provider Organisations and were in attendance for the New Models of Care discussion.</p>	
17.002	<p>Apologies</p> <p>Apologies were received from Sharon Martin, Dr Daly and Jackie Forshaw.</p>	
17.003	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: Dr Huxley declared an interest in Agenda Item 6.1 – New Models of Care, as a Member of Pendle Care Direct Federation ▪ Quoracy: The meeting was quorate. 	
17.004	<p>Minutes of the meeting held on 19 December 2016</p> <p>The minutes of the meeting held on 19 December 2016 were presented. It was noted that Angela Brown was listed as present but did not attend.</p> <p>Regarding Minute No. 16.219, it was agreed to amend the second sentence in the penultimate paragraph to read ‘It was suggested grouping practices together for resilience.’</p> <p>Subject to the above amendments the minutes were approved as an accurate record.</p>	

<p>17.005</p>	<p>Action Matrix</p> <p>The Action Matrix was discussed and updated as follows:</p> <p>16.160.1 : Memorandum of Understanding Sarah Danson advised that dates would be issued soon for a workshop to move discussions forward and would provide an update to the next meeting.</p> <p>16.194 : Winter Resilience Lisa Cunliffe had circulated a summary of extended hours provision following discussions at the last meeting. In terms of creating capacity to support core hours during winter months, she had looked back to previous years and confirmed that resource had been provided to primary care to increase capacity in hours in 2016 up to the end of February. However she advised it was difficult to prove there had been an impact on the system, as the outcome was variable amongst practices and across the localities. She advised that a scheme could be rolled out for the remainder of the year if Members felt this would be useful.</p> <p>Reference was made to discussions relating to drawing down money from NHS E to 31 March 2017. It was confirmed that £1004m had been allocated to Lancashire and the CCG had received £385k as its proportionate share.</p> <p>Members supported the proposal to use this funding to create capacity in-hours as Practices are able to recruit Locums to provide cover during core hours rather than out of hours. Dr Huxley strongly supported this, pointing out that if feedback from practices is good, this highlights a positive impact in terms of the quality of care being given rather than the number of patients being seen.</p> <p>Following discussion it was agreed this was a short term solution and practices would be asked to identify what they currently deliver in hours and what capacity this will provide, in terms of waiting times and improved access. It was noted that new models of care would look at funding and support in a different way.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Lisa to refresh the spec and work with the CFO regarding costings. 	<p>SD</p> <p>LC/KH</p>
<p>17.006</p>	<p>Matters Arising</p> <p>There were no matters arising.</p>	
<p>17.007</p>	<p>New Models of Care</p> <p>Phil Mileham, Management lead for the Ribblesdale Federation introduced himself and his colleagues Carole Martin, Operational Director, EU Federation and Kathryn Philips, Business Manager, Pendle Care Direct.</p> <p>He advised that Michael O'Connor from ELMS and Peter Higgins from the LMC were also very much part of the collaborative. Lisa Cunliffe and Andy Laverty were also involved from the CCG.</p> <p>The Joint Collaborative Service Design Group represented the GP provider organisations across EL and the LMC represented all Practices, whether part of a Federation or not. The Group had been established to consider primary care development across EL, however it was considered this could equally be equitable across Pennine Lancashire and the Group would welcome the</p>	

involvement of the BwD Federation.

Phil outlined the context in terms of the new models of care designed to improve access to primary care across the localities by working differently, focusing on access, capacity and extended hours, whilst ensuring that proposals fit across Pennine Lancashire and the transformation programmes going ahead. Federations across EL have been emerging over the last 18 months and all are of the opinion that we need to develop primary care at scale in a more efficient and effective way.

The Federations are now working together as a group and a MoU has been developed to take this work forward. The Group recognise the diverse needs of the communities across EL and different ways of delivering services in different localities across the patch.

Phil provided details of the GP Provider organisations involved and outlined the Terms of Reference, confirming that the Group will report progress to the Primary Care Committee on a regular basis. He was mindful that proposals must meet the NHS Operational Planning and Contracting Guidance 2017-19, which will include the standards and outcomes to be measured, to ensure resources are spent correctly.

The Group had met twice, but going forward would meet on a weekly basis to ensure work progresses in a planned manner and will operate on a project management approach with the main function of developing primary care in each locality. The initial model would focus on Hyndburn and the HAC as a priority, prior to rolling out to other localities.

There is a need to look at available data regarding the HAC in terms of activity levels in Hyndburn, before modelling can commence. It was also important to consider workforce and IT infrastructure and outcomes. In terms of public engagement, the group are mindful of the huge amount of public interest in Hyndburn and expressed their gratitude to the Communications Team for their work. They were also mindful of the need for further engagement with the public as well primary care colleagues.

The Group welcome the opportunity to come together to develop the new models of care using an innovative approach, to benefit patients by strengthening primary care, within a system that involves both commissioners and provider organisations. It was also recognised that the new models are dependent on the needs of each locality and will build on the emerging INTs and partnership models.

The Committee were asked to provide a mandate to develop a project plan and empower the Collaborative to develop elements of the new model in terms of care navigation, location of services etc. in consultation with patients and providers to ensure they are happy with the proposals. A request was also made for backfill funding to develop the models.

In conclusion and in order to do this properly, the Collaborative made a request for an extended period of time to develop the model, recommending that the HAC remains open for a further period of time to ensure the model is developed properly.

The Chair thanked Phil and his colleagues for their presentation and was very encouraged to see everyone working together under a lot of pressure.

Mark Youlton also congratulated the Group on the progress being made. He highlighted the need to be mindful that a lot of the work will be developed through the Pennine Lancashire programme, the hub and the neighbourhoods and consultation on this would commence in February 2017. He was pleased to see everyone working together as a group of providers to encourage primary care to work differently, within the funding available.

It was recognised that the CCG had consulted on the model, however the Collaborative felt the initial consultation was on the principles and further work was required to get the right model. Phil advised that further discussions would take place with the GPs, councils and other stakeholders regarding the proposed model.

Mark highlighted the urgency of moving forward with the model for Hyndburn as this was the priority, within the wider context of primary care working together to get a sustainable offer. The collaborative expressed concern regarding capacity and did not want this to be a bolt on to existing services.

Discussion followed and members expressed concern regarding what the CCG needs to deliver over the next year, pointing out that consultation had already taken place and there is now a need to close the HAC, which is the starting point for investing more in primary care. As an interim measure, Phil proposed that the HAC remain open for a further period until plans are put in place. The Chair proposed that further discussion regarding timescales takes place in Part 2 of the meeting as part of the APMS discussion.

Kathryn Philips pointed out there is a reluctance to take on the model in primary care and with the short timeframe, primary care does not have the capacity to dual run the models, highlighting the need to look at other ways of doing this and work with practices to reinforce primary care.

Dr Huxley advised that PL providers have a seat on the System Leaders Forum, providing connectivity with providers at that level, suggesting that discussions take place with PL to take this forward. There was also a need to consider how ELMS can provide assurance that we can move towards the new model in Hyndburn in a phased transition, to support the commitment that the CCG has made to the population.

Lisa confirmed that Andy Laverty was producing a more detailed project plan and would create a Project Initiation Document, however there was need for clarity regarding timescales.

In terms of governance, David Swift referred to the membership of the collaborative and advised that as an organisation, the CCG was not allowed to formally partner with providers and CCG members would be in attendance.

Mark commended the Collaborative on the work they are doing and the progress they have made, which was very encouraging to hear. He said that each locality has been able to maintain its distinctness, but by coming together this can be delivered. He proposed changing 'consultation' with patients to 'collaboration'.

Members would also welcome regular progress reports from the Collaborative and asked that they consider a phased approach in terms of bringing the timescales forward, recognising there are many competing demands and it is important to get this right.

	<p>Members supported the considerations outlined and confirmed that the timeframe and backfill funding would be further discussed in Part 2 of the meeting.</p> <p>The Chair stressed the importance of the collaborative and the CCG working closely together to ensure progress and thanked Phil, Kathryn and Carole for their presentation.</p> <p>ACTION: Progress report to the next meeting.</p>	
17.008	<p>GP Forward View</p> <p>Lisa Cunliffe presented the final version of the GP Forward View (GPFV) Plan for information, following discussions at the previous meeting in advance of the Plan being submitted to NHS E on 23 December 2016. She confirmed that an Equality Impact Assessment had been carried out for certain parts of the Plan and further discussion would take place at the NHS E Primary Care Programme Board as to how to share the Plan and handle media enquiries.</p> <p>Members considered the Plan to be a very helpful document and a good summary of the work ongoing in primary care and in each of the localities. Lisa advised that in order to draw down the resource, there was a need to demonstrate through the Plan that the organisation meets certain requirements in terms of data etc.</p> <p>Reference was also made to the Primary Care Strategy and how this would differ from the GPFV. It was proposed to use the GPFV as the basis for the strategy, using similar headings and incorporating some metrics, but localise it and make the Strategy the offer of primary care in the future.</p> <p>The LMC congratulated Lisa and the Primary Care Team on their work, confirming this was a very good plan and contained more detail than was required for the 23 December submission.</p>	
17.009	<p>Any Other Business</p> <p>Items for Inclusion on the Corporate Risk Register There were no additional items for inclusion on the Risk Register.</p>	
17.010	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Wednesday, 8 February 2017 at 2pm.</p>	
<p>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.</p>		