

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Wednesday, 8 February 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
Sharon Martin	Director of Performance & Delivery
David Swift	Lay Member - Governance

In Attendance:

Angela Brown	Director of Corporate Business
Lisa Cunliffe	Primary Care Development Manager
Dr Richard Daly	Clinical Director, Partnerships
Dr Mark Dziobon	Clinical Director, Performance
Stephen Gough	Primary Care Transformation Manager, NHS E
Jane Higgs	Director of Operations & Delivery, NHS E
Duncan McGrath	Head of Primary Care Development, Local Medical Committee
Mark Youlton	Chief Officer
Phil Mileham	Ribblesdale Healthcare Ltd] In attendance
Kathryn Philips	Pendle Care Direct Ltd] for Item 6.1

Min Ref:		ACTION
17:017	<p>Welcome & Chairs Update</p> <p>The Chair welcomed members to the meeting and introductions were made. Jane Higgs and Stephen Gough, NHS E were present and Kathryn Philips and Phil Mileham were representing the GP Provider Organisations and in attendance for the New Models of Care discussion.</p>	
17:018	<p>Apologies</p> <p>Apologies were received from Michelle Pilling, Dr Huxley, Peter Higgins and Sarah Danson.</p>	
17:019	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: <ul style="list-style-type: none"> ➢ Dr Mark Dziobon declared an interest as a GP in a PMS Practice, ➢ Dr Richard Daly declared an interest as a GP in a GMS Practice. ▪ Quoracy: The meeting was quorate. 	
17:020	<p>Minutes of the meeting held on 11 January 2017</p> <p>The minutes of the meeting held on 11 January 2017 were presented. Subject to the correction of the figure in para 1 of Min Ref: 16.194: Winter Resilience under the Action Matrix to read £1.004m, the minutes were approved as an accurate record.</p>	

17:021	<p>Action Matrix</p> <p>16.160.1 : Memorandum of Understanding Stephen Gough provided an update confirming that a request had been made for volunteers from CCGs to form a Task and Finish Group. Lisa Cunliffe would represent the CCG on the Group and a meeting was scheduled the following week to consider the first draft. Jane Higgs advised that the MoU in its current form does not clarify the needs of each of the parties. She pointed out that as we move to be more aligned with the STP and LDP, it is important to look at certain things that we can be doing together and consider releasing some resources to support this. The MoU would also include more detail that clarifies the objective to improve the quality of primary care.</p> <p>Jackie Hanson pointed out that the Committee had not been happy with the current document for some time and had made numerous comments but received no feedback. She confirmed the CCG would be happy to work with NHS E on a revised document.</p> <p>16.192 : Highfield House The service continues to be delivered as part of the PMS contract. However until the PMS contract variation is agreed, the service specification cannot be issued.</p>	
17:022	<p>Matters Arising</p> <p>There were no matters arising.</p>	
17:023	<p>New Models of Care – Progress Report</p> <p>Following discussion at the January meeting regarding the proposals to develop new models of care, Kathryn Philips, on behalf of the Collaborative Group, provided an update on activities over the last few weeks.</p> <p>She advised the Collaborative Group continues to meet on a weekly basis, with representation from the Federations and the CCG. A Project Initiation Document (PID) and Project Plan had now been produced and discussions last week focused on the data received with regard to the expected number of patients to be seen in primary care once the Walk In Centre (WIC) closes.</p> <p>The Group were still waiting to hear if the request to extend the contract for the WIC had been agreed by the Governing Body, which was initially for a 6 month extension. However the Group were now looking at a 3 month extension, which was a risk, as there is a lot of work to be done to determine how the service will be provided. If an extension was agreed, it was not known if ELMS are happy to continue providing the current service.</p> <p>Kathryn highlighted the need to agree the nature of the contract with the CCG and to ensure the GPs are happy to take on the responsibilities of the contract. She pointed out this is a new way of working which needs to be able to move quickly, ensuring bureaucracy is kept to a minimum to allow the Group to do this. A meeting was taking place with Providers the following day to consider some of the legal aspects regarding the organisational form and a meeting was scheduled with Lisa Cunliffe and Andy Laverty to discuss the Project Plan. However she advised it was difficult to move forward until timescales are known.</p>	

Phil Mileham confirmed the whole concept of the collaborative group is supported and the Group are keen to take this forward. Hyndburn is the initial locality to concentrate on and a lot of work will be required with the Practices to obtain agreement post HAC. It was recognised there is a need for joint working across the Federations, however there was concern that the Practices are members of the EU and ELMS are the current provider of the Walk In Centre and both the EU and ELMS need to be involved with the model and with the practices in the locality.

The Chair invited discussion and any comments from Members.

Angela Brown advised that the CCG was bound by legal issues that prevented discussion regarding contract extensions. However the CCG was close to resolution and would soon be in a position to discuss a contract extension. Mark Youlton confirmed this was a very difficult situation, however it was likely there would be an extension and a decision was imminent.

Mark was pleased to receive the PID, however he was concerned that proposals were not yet in place. He formally requested that the Group provide a plan by the end of February, outlining how the service will be provided for Hyndburn and who the contract will be placed with, to provide assurance that this is deliverable.

There was a need to see the Plan populated with dates and Members asked if there was a deadline by which we don't receive a Plan and have to go out to procurement. In terms of governance and to provide assurance, the Transformation Group would receive Plans and bring to the Primary Care Committee for approval. Kathryn expressed concerns that this task was handed to the Group to work on and by taking it through the Transformation Board would slow the process down. She confirmed that discussions with Providers would take place the following day, to consider format and look at lessons learned from other Federations. The Group would respond if they felt they could not develop a proposed model together.

The Chair highlighted the need to be mindful of the timeframe and the importance of abiding by certain regulations.

Jackie Hanson expressed concerns regarding the discussions taking place, particularly the issues regarding the EU and ELMS as they were not at the meeting. There was an expectation that the EU would be having discussions with Practices and providing early thoughts as to how to deliver the model and highlighting early risks regarding workforce etc. She had anxieties as to whether the Collaboration was able to deliver what was agreed would be delivered in Hyndburn and felt there was a need to consider at the March meeting whether to go out to procurement.

Phil pointed out there will be individual needs according to the locality and more time was required to have detailed discussion with the GPs in Hyndburn regarding the proposed model. He advised that a service specification was not yet developed and Sharon Martin confirmed that the CCG would provide a service specification based on the principles already consulted on to enable further discussion as to how this will evolve. The Group felt this would be helpful and also requested clarity regarding funding.

Following discussion it was confirmed that outline models have been

	<p>developed with expertise in localities and also include what is required nationally, with clear principles in place which have already been consulted on. Members asked if there was anything further that the CCG can offer to move forward in the spirit of helping to get to that point, recognising the need to consider reporting mechanisms to be most helpful and to avoid delay.</p> <p>NHS E queried the timescales for discussions with GP Practices. The Group did not consider this would be done by the end of February and there was a need to understand the exact timeframe they are working to.</p> <p>The Chair thanked Members for their discussion and confirmed the need to set clear parameters and deadlines. If there was a need to go out to procurement we have to keep within the timeframes. She also thanked Phil and Kathryn for attending and outlining the current position.</p> <p>ACTION :</p> <ul style="list-style-type: none"> ▪ Service Specification to be provided to the Group ▪ Update to the next meeting, including timeframes. 	<p>LC C&CDG</p>
<p>17:024</p>	<p>Quality Framework</p> <p>Lisa Cunliffe gave a presentation outlining the current position in terms of the Quality Framework (QF) development, with the intention of presenting the final Quality Framework to the March meeting.</p> <p>The aims of the QF were to increase investment in General Practice. This included consolidation of existing schemes to reduce the administrative burden on both the Practice and the CCG and working with practices regarding the sharing of best practice and how to move Practices towards more collaborative working.</p> <p>Phase 1 was launched in April 2016 and focused on consolidating services. Phase 2 focused on extensions to existing schemes and was launched in July 2016. Phase 3 outlined the principles for 2017/18 with the intention of putting additional investment into primary care to move things forward.</p> <p>Year 1 explored where the variation was, the organisation worked with AQUA to produce benchmarked baseline data which was reviewed in practice and reviewed in Quality Improvement workshops held during the year. Schemes will evolve over the year and new schemes will be introduced during the coming year. The QF will support the right care priorities and will move to support the development of the wider primary care transformation.</p> <p>Lisa provided feedback from discussions with Practice Managers who considered their workload had increased, particularly trying to move from one system to another. The baseline data required refining going forward and discussions were ongoing with a view to working towards a price per head of population to reduce the bureaucracy next year.</p> <p>During 2017/18 work would continue to update and refresh some of the schemes and a number of new schemes have been proposed, which have been identified as working well with other practices with a view to moving towards standardised schemes.</p>	

	<p>The final slide outlined funding streams and new schemes for 2017/18 were discussed. NHS E felt that End of Life care should be part of core services and practices should not be paid additional funding. Jackie Hanson pointed out that whilst it is was very stark on a list, both End of Life and Safeguarding were areas that need to be addressed. Members were advised that funding was to make improvements and develop gold standard services including safeguarding champion models which was over and above core services.</p> <p>Lisa confirmed that the CCG had worked hard to ensure this does not duplicate core contract services. This is about stretch targets and trying to raise the bar, recognising that some practices do already deliver the gold standard services. An event was scheduled for 22nd March to review the benchmark baseline data from practices to identify if there has been any movement, noting that this is the first year for some of the systems.</p> <p>It was also pointed out that the Quality Framework does not purely relate to funding, but also relates to workload issues in practices and the need to have a balance.</p> <p>The Chair thanked Lisa for the presentation.</p>	
<p>17:025</p>	<p>Any Other Business</p> <p>17:025.1 Items for Inclusion on the Corporate Risk Register It as confirmed there were no additional items to be included on the Corporate Risk Register.</p> <p>17:025.2 Meeting Dates 2017 The Chair advised that a request had been made to review meeting dates with a view to holding the meeting on the first Wednesday of the month rather than the second. This would be reviewed outside the meeting to identify if the change would impact on the groups that feed into the Committee.</p>	<p>LC/AM</p>
<p>17:026</p>	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed asTBC</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>		