

NHS EL CCG Primary Care Committee
Minutes of the meeting held on Wednesday, 13 September 2017
2pm at Walshaw House

PRESENT:

Naz Zaman	Lay Member - Equality & Inclusion : Chair
Sharon Martin	Director of Performance & Delivery
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair
David Swift	Lay Member - Governance

In Attendance:

Sarah Bloy	Senior Contracts Manager, NHS E
Nick Burks	Finance Manager - Localities
Kerry Galloway	Projects Manager - Healthwatch Lancashire
Dr Richard Daly	Clinical Director, Partnerships
Dr Angela Manning	Deputy Medical Director, NHS E
Colette Walsh	Head of Commissioning – Integrated Care

		ACTION
17:131	<p>Welcome & Chair's Update</p> <p>The Chair welcomed everyone to the meeting and introduced Sarah Bloy, NHS England and Cllr Lian Pate who was attending as the EL Health & Wellbeing Partnership representative.</p> <p>Sue Carr and Dr Maudsley were also in attendance for Agenda Item 1 relating to their Practice Merger.</p>	
17:132	<p>Apologies</p> <p>Apologies were received from Angela Brown, Kirsty Hollis, Mary Youlton and Jackie Forshaw.</p>	
17:133	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest Dr Daly declared an interest as a GP in a GMS Practice. ▪ Quoracy : the meeting was quorate. 	
17:134	<p>Minutes of the meeting held on 12 July 2017</p> <p>The minutes of the meeting held on 12 July 2017 were approved as an accurate record.</p>	
17:135	<p>Action Matrix</p> <p>The Action matrix was presented and it was noted that the only item related to the Memorandum of Understanding which was listed under Matters Arising.</p>	

17:136	<p>Memorandum of Understanding (MoU)</p> <p>Colette Walsh, Head of Commissioning provided an update confirming that the MoU clarifies the role of NHS E and the CCG. Officers had met to scrutinise the revised MoU and considered a number of changes. These have been fed back to NHS E who have acknowledged the comments and the CCG is waiting to hear if a further meeting is required. The changes in the main relate to transformation and a few technical issues that require clarification. It was anticipated the final document would be presented to the October 2017 meeting of the Committee for sign off.</p>	CW
17:137	<p>Practice Merger</p> <p>Saray Bloy presented the report advising that an application had been received by NHS E from Parkside Surgery and Oxford Road Medical Centre to terminate one of the Practice P codes and merge the contracts, working to a timescale of 1 April 2018.</p> <p>There was a clear rationale for the request which supports the national direction of travel. As both practices hold GMS contracts, there will be no financial impact and merging the two existing practices will allow them to develop the sustainability of the Practice, transform their organisational structure and offer enhanced patient safety and choice. An extensive consultation exercise had taken place to inform as many patients as possible, using all the methods of communication available and positive feedback was received. The report outlined the options available in terms of merging the contracts, with Option 2 being the preferred option.</p> <p>Members supported the recommendation to terminate contract P81104 which will enable both practices to operate under one GMS contract P81047.</p> <p>Dr Angela Manning joined the meeting</p>	
17:138	<p>Revised Terms of Reference</p> <p>Colette Walsh, Head of Integrated Care presented the revised Terms of Reference following discussions at the Council of Members meeting, particularly relating to membership to include the Chief Officer, additional clinical representation and a Practice Manager. Quoracy has also increased to include 6 members, of which 2 should be Lay members. Examples were also included where it may be appropriate to exclude the public from meetings.</p> <p>She also advised that a small Task and Finish Group had been established to review the business of the Committee to make this more streamlined. There were currently two Sub Committees of the PCC with the remit of reviewing a number of areas prior to reports being submitted to the PCC and further discussions would take place with a view to reorganising the business.</p> <p>Members discussed the revised membership of the Committee and made the following points:</p> <ul style="list-style-type: none"> ▪ GP Chair of Rossendale should read – Locality Clinical Lead, to enable other Clinical Leads to attend where necessary. ▪ The additional GP and Practice Manager were listed as non-voting – Members asked what the rationale was for this and should they not be listed as Attendees? (review Quoracy) 	

	<ul style="list-style-type: none"> ▪ Does the role of the LMC represent the views of all GPs in EL – the sentiment in the room was that the LMC should be at the meeting. <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Clarify the above points and report back to the October 2017 meeting. ▪ Commence the election process for a GP and Practice Manager. 	CW
17:139	<p>Chairs Action</p> <p>Chairs Action had been taken in relation to an application received from a GP at the Whalley Medical Practice to be part of the GP Retention Scheme. In view of the fact that the GPs GMC Licence was due to expire on 4 August 2017, Chair's Action was sought to progress this.</p> <p>Members supported the decision of the Chair in approving the application.</p>	
17:140	<p>GP Retention Scheme</p> <p>The report provided an update regarding the GP Retention Scheme which was launched on 1 April 2017 and replaces the Retained Doctors Scheme 2016. The report described the application and payment process, noting that all applications have to be approved by Health Education England and NHS England. It was noted that all practices have been made aware of the scheme via the Transformation Team at NHS E and from national communications.</p> <p>An application had been received and approved via Chairs Action as previously discussed and Lisa advised that a further application had been received from a practice within East Lancashire. It was recognised that there is a financial risk to the organisations as it is unknown how many applications will be received, for which funding has not been separately identified and has to be found from within the existing resource.</p> <p>It was also considered that if we can keep some of the experience in the system rather than using Locums, this is positive and also supports the quality issue by retaining experience. Nick Burks outlined the co-commissioning budgets, pointing out that the CCG is forecasting an overspend this year but the CCG has no control regarding the number of applications likely to be received.</p> <p>ACTION: NHS E to scope the workforce and review the position.</p> <p>In conclusion, Members approved the application to fund the GP Retention Scheme, noting an element of financial risk.</p>	NHS E
17:141	<p>DVT Local Enhanced Scheme</p> <p>Kirsty Hamer, Ribblesdale Locality Managed presented the report which provided an overview of the current pathways for DVT and a recommendation to implement a DVT Local Enhanced Scheme (LES) across East Lancashire.</p> <p>Members were advised that East Lancashire Hospitals Trust (ELHT) have redesigned their services which has caused a number of issues within the referral pathways, resulting in a reduced offer for direct GP referrals. Feedback from Practices has also identified that pathways are confusing and difficult to navigate.</p>	

	<p>In view of the changes, a clinical pathway has been developed with a new LES for DVT to provide additional resource to Practices to support the GP referral pathway, in line with the BwD CCG clinical model. This is an interim arrangement until a more permanent solution is considered.</p> <p>It was reported there had been difficulties in agreeing the pathways with ELHT which has delayed issuing information to Practices, however a communication would be issued within the next few days outlining the new DVT pathway for EL. Work is ongoing with Localities to look at the option for practices to promote the uptake of the LES and in terms of clinical engagement, a number of Practices are providing the primary care pathway management.</p> <p>Jackie Hanson confirmed that discussions had also taken place in the Quality Commttee and she was pleased to have reached this point, highlighting the need to ensure a more robust process in place going forward.</p> <p>A workshop was taking place on 19 September to which finance and contracting colleagues have been invited to ensure there is a clear process going forward. In terms of clinical sign off it was confirmed that Dr David White, Clinical Lead for Unscheduled Care has had oversight and the LMC have provided positivite feedback.</p> <p>Members supported the implementation of the DVT LES.</p>	
17:142	<p>Primary Care Commissioning (PCC) Support Offer</p> <p>Members were advised that Primary Care Commissioning is an independent provider of practical, expert support and a not-for-profit social enterprise with roots in the NHS. The CCG has subscribed to PCC for a number of years and they have provided a significant amount of support in terms of primary care contracting issues.</p> <p>Lisa Cunliffe advised that the CCG have received an offer of support from PCC to provide bespoke training packages to Primary Care Committee members to support decision making. The PCC are also able to work with GP provider organisations to support the development of primary care at scale.</p> <p>ACTION: It was agreed to further discuss outside the meeting and consider what could be included in the officer. Members to forward ideas to Lisa Cunliffe.</p> <p>Members were supportive of the offer of support from PCC.</p>	ALL
17:143	<p>Productive General Practice Programme Submission</p> <p>The report outlined the CCGs submission to the Productive General Practice Quick Start Programme, aimed at supporting the transformation of General Practice into a sustainable, integrated, high quality provider of services.</p> <p>The programme will be championed locally by Dr Daly and the CCG will work closely with the national team and GP practices to raise awareness. It was reported that 14 practices have signed up to this and the national team will approve the resource to take these forward in two cohorts. The Primary Care Team at the CCG will support delivery of the programme which would be provided over six half days of mentorship and six half days of workshops. Lisa confirmed the first learning event was taking place the following day.</p>	

	The Chair congratulated Lisa on her work and Members supported the submission.	
17:144	<p>Minutes of the NHS E Co-Commissioning Management Group</p> <p>The minutes of the Co-Commissioning Management Group meeting held on 20th July were presented for information and the following points were made.</p> <ul style="list-style-type: none"> ▪ Finance Update – It was confirmed that 1% of the CCG budget has been set aside to spend on the GP Forward View. Members asked if the return could be shared with Members before it is submitted. The Data Collection return covers three elements in respect of Care Navigation, Online GP Consultations and Extended Access and the CCG will be monitored against this. Action : Data Return to be shared with Members <p>There is also a requirement to complete an STP Delivery Plan, which in the main was the responsibility of NHS E but the CCG will provide narrative and sense check against the data. Members recognised the challenge in terms of the resource being available, however the CCG is fully committed for this funding to go into General Practice. It was also considered that a mid year report would be helpful to identify the current position.</p> <ul style="list-style-type: none"> ▪ Atypical Populations : It was confirmed that a draft Service Model Specifications would be available by the end of September to support the workload challenges of Practices delivering services to the identified atypical populations and identify which Practices will be eligible for investment. It was noted that Andy Laverty, Rossendale Locality Manager has been involved in this work. <p>The Minutes were received.</p>	LC
17:145	<p>CQC Update</p> <p>The report was presented for information and provided an update position in relation to the current CQC ratings for East Lancashire GP Practices. Three practices were rated as Outstanding and 47 rated Good. Two practices Require Improvement and 2 practices were rated Inadequate and are being supported by the CCG and the RCGPs.</p>	
17:146	<p>GP Patient Survey Results</p> <p>The GP Patient Survey provides practice level data regarding patient experience and the report outlined the position for EL CCG and provided a comparison with last year's results.</p> <p>Lisa Cunliffe advised that some of the outcomes are attached to the Quality Premium, therefore linked to the Quality Framework. Where the outcomes of the survey are low, Practices receive feedback and support to produce an action plan to improve their access data. Issues are also addressed through the GP Quality Group and Out of Hours issues through the OoH contract review.</p> <p>Members discussed the information presented and asked if there was assurance that the survey picks up the consistent low performers, pointing out</p>	

	<p>that the outcome raises the issue of inequality. It was suggested that those performing above the average could spend some time with those practices in the lower quartile.</p> <p>Lisa outlined the approach taken confirming that the Quality Improvement Tool includes an access element where practices will review their survey results. Regular quality improvement events are also planned to share best practice. If issues are still not addressed, the review moves on through the dashboard and is addressed through the quality triggers. It was agreed there is a need to consider a different approach to improve the scores if there are more than quality issues, to provide assurance.</p> <p>Reference was also made to Patient Participation Groups and how they can provide support to Practices. It was agreed to include on the agenda for the next meeting of the Patient Participation Group for discussion.</p> <p>It was felt the Survey Results should have been considered at the Primary Care Quality Group before being presented to the Committee. However it was considered there are some very good scores in the survey which warranted a positive communication being issued.</p> <p>Cllr Pate raised the issue of on-line access and asked at what point in the process of making changes will there be a standardised offer, pointing out there is no consistency with practices in the same building. It was noted that discussions are ongoing in terms of embedded digital processes.</p> <p>Members received the report.</p>	MP
17:147	<p>Supporting Resilience and Increasing Capacity in General Practice 2016/17</p> <p>The report provided an update on the resource provided to support resilience and increase capacity in General Practice during both the in hours and the extended hours period in order to support the Lancashire Health Economy over the 2016/17 winter period.</p> <p>Members received the report for information.</p>	
17:148	<p>Any Other Business</p> <p>17:148.1 Items for Inclusion on the Corporate Risk Register There were no new items for inclusion on the Risk Register. However it was agreed to do more work to understand the position regarding the GP Retention Scheme.</p>	LC
17:149	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Wednesday, 11 October 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>		

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