

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Monday, 18 July 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:

Angela Brown	Director of Corporate Business
Lisa Cunliffe	Primary Care Development Manager
Sarah Danson	Assistant Contracts Manager, NHS E
Rebecca Demain	Head of Commissioning
Peter Higgins	Chief Executive, Local Medical Committee
Sheena Wood	Primary Care Lead, NHS E
Mark Youlton	Chief Officer
Anne MacLeod	Corporate Administration Manager

Min Ref:		ACTION
16.099	<p>Welcome & Chairs Update</p> <p>Dr Stuart Berry and Dr Ian Whyte were in attendance to provide a clinical view.</p> <p>It was recognised that Dr Berry would have to leave the Part 2 discussion due to a conflict of interest. Dr Whyte was not a member of any of the Federations who have put in a bid and could remain in the meeting.</p>	
16.100	<p>Apologies</p> <p>Apologies were received from Dr Huxley, Angela Brown, Dr Daly, and Dr Dziobon.</p>	
16.101	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: None ▪ Quoracy: The meeting was quorate. 	
16.102	<p>Minutes of the Meeting Held On 26 June 2016</p> <p>The minutes of the meeting held on 20 June 2016 were approved as an accurate record.</p>	
16.103	<p>Action Matrix</p> <p>The Action Matrix was discussed and updated as follows:</p> <p>15.143 – Over 75s Funding This item was on the agenda and the action could be closed.</p> <p>16.049 – Zero Tolerance Briefing This item was on the agenda and the action could be closed.</p>	

	<p>16.085 – GP Forward View Jackie Hanson confirmed that discussions had taken place and the action could be closed.</p> <p>16.086 – Dementia LIS This had been discussed by the Exec Team and the action could be closed.</p>	
16.104	<p>Matters Arising</p> <p>There were no matters arising.</p>	
16.105	<p>New Models of Care Update on Consultation</p> <p>Lisa Cunliffe gave a presentation which provided an overview of the 12 week public consultation which closed on 8 July 2016. It was reported that 2,129 responses had been received via an online survey as well as paper surveys via GP surgeries, noting that some responses are still being returned by surgeries and will be included in the final analysis. The approach used during the consultation was outlined together with details of the responses received, of which over a third were from Hyndburn residents and a small proportion came from people who live in Blackburn with Darwen or other areas outside East Lancashire.</p> <p>There were high levels of agreement with the proposed changes and key themes were outlined, particularly the focus on support for access to appointments outside of current working arrangements, access to local services and frustration with the current telephone queing system for contacting GPs in the morning. There was also praise for the current walk-in centre arrangements and strong views that it should not close.</p> <p>Next steps included a more detailed analysis of the data and a full consultation report would be presented to the Primary Care Committee and Governing Body in September.</p> <p>The Chair referred to discussions at the last meeting regarding the Petition from Hyndburn. It was confirmed this had not been formally received, however once received the CCG will respond. Further discussions would take place to discuss the impact in Hyndburn.</p> <p>Michelle Pilling paid tribute to the Communications Team for their input, being very clear to articulate the message to ensure as much feedback as possible was received.</p> <p>The Chair thanked Lisa for the report.</p>	LC
16.106	<p>Over 75s Evaluation Report.</p> <p>Kirsty Hamer presented the report which provided an evaluation of the Over 75 Schemes across Localities during 2015/16.</p> <p>The CCG committed £1.842m to improve the quality and capacity in primary care. Localities were asked to develop their own service model based on their identified priorities to improve services for older people and those with more complex needs. Each locality developed a slightly different scheme and the report provided examples of good practice, particularly where additional specialist staff have been employed to support the schemes. Practices felt part of the commissioning process and were able to influence</p>	

	<p>the delivery of the schemes.</p> <p>The scheme had not been as successful in areas where additional staff had not been recruited, recognising that health and wellbeing assessments created additional work which impacted on the practice. A number of inconsistencies were identified in each locality, particularly in terms of outcome measures, highlighting the need to interface with the Integrated Neighbourhood Teams (INT) and be clear on outcomes. There was also a need to share information across localities and further discussion would take place through the Primary Care Nurse Forum.</p> <p>Following discussion it was recognised that good practice has developed as a result of the funding noting that needs differ in each locality. It was important to identify patient reported outcomes and it was agreed to develop a core set of outcomes for the localities to use the resource to deliver and for the practices to attain autonomy. It was also important to consider a skill mix approach and work closely with the INTs to provide a standardised scheme to work better together.</p> <p>Concerns were also expressed that by requesting more detailed data in terms of outcomes was generating more work for practices. However it was important to request assurance from Localities that the scheme is delivering overall.</p> <p>In conclusion Members received the report and supported the recommendation for Localities to work together to develop a core offer across East Lancashire, based on the good practice highlighted to ensure consistency across all Localities.</p> <p>ACTION: Provide a set of locality outcomes to the September meeting.</p>	KH
16.107	<p>Integrated Neighbourhood Team (INT) Update</p> <p>The report provided an evaluation of the INT Service which commenced during 2015/16.</p> <p>Key findings identified that the INT model was in place in all localities with the exception of Burnley, who are currently in the recruitment phase and due to commence in October. Excellent feedback had been received from all services, particularly relating to the Mental Health pilot in Ribblesdale and Pendle Localities.</p> <p>A number of areas for improvement were outlined, particularly IT systems which are an area of concern and data collection is inconsistent across localities. Some teams are co-located where others are not and there are different providers across the INTs, which leads to difficulties in respect of cross cover and information sharing etc. Contract arrangements are fixed term as INTs are currently in a pilot status. It was also recognised that further work is required to raise awareness of the INT Service to ensure that all professionals whose patients may benefit from INT support are aware of the service and referral process.</p> <p>Kirsty confirmed that discussions were ongoing to address all these areas and develop the service model going forward. She advised that INTs work to a standard operating procedure which provides details of the patients eligible for support from the INT. Locality level data has been developed to</p>	

	<p>identify patients who are just below the complex level, where a difference can be made.</p> <p>Following discussions it was felt that consideration be given to looking at the total resource across the Over 75s Scheme and INTs and integrate into a consistent service offer. Input from mental health services was beneficial and needs to be standardised, as this is currently only available in 3 areas. It was confirmed that mental health input was initially a pilot and there was a need to engage further with LCFT about mental health provision in a locality setting and this would be incorporated into negotiating discussion as part of the contract round next year.</p> <p>From a GP viewpoint, Dr Berry felt the INT was a small constrained service currently and would like to understand the longer term vision and sense of direction and how this links to primary care at scale. It was noted that feedback from case studies found the INT to be of significant benefit.</p> <p>In conclusion it was agreed the work of the INTs underpins the direction of travel for the localities, recognising that some INTs involve wider stakeholders, including housing and local government, to provide the right level of care and keep people safe at home. Mark felt this was the right way to work with true integration, which would take time to perfect, particularly relating to data sharing, but he was very pleased that good progress is being made.</p> <p>Members received the report and supported the recommendation to develop an East Lancashire INT Service Proposal with full costings and outcome measures for submission in November 2016.</p>	KH
16.108	<p>Zero Tolerance – Update on New Service Proposals for Lancashire</p> <p>Sheena Wood, Primary Care Lead, NHS E presented the report which provided an update on the development of a revised Zero Tolerance Patient Scheme service and the procurement of a single provider under an APMS contract agreement.</p> <p>It was recognised that the current system was not viable as there were inconsistencies regarding security arrangements etc and a number of providers have indicated they wish to serve notice to cease provision.</p> <p>It was proposed that the revised Zero Tolerance service model will be delivered as a hub based, single point of access model, to be located across identified sites within the five Local Development Plan areas, recognising that this is subject to agreement and sign off by delegated committees within CCGs. The paper provided background and outlined progress to date. There were currently 9 GP practices across all localities of Lancashire, with the exception of Blackpool. ELMS were currently commissioned under their existing APMS contract to provide the service in EL until 2018.</p> <p>There was concern as to how many locations there would be locally as East Lancashire was a large area in terms of patient numbers and it would be inequitable in EL if there is only one location in each area. From the information provided, there were currently 61 patients across Pennine Lancashire out of a total of 110 across Lancashire and it was important to consider this when developing the service specification</p>	

	<p>It is important to consider equity of access for patients. The scheme will provide an opportunity for the patients to be seen in a safe environment and help protect the patients and staff in the practices and discussions were ongoing to identify alternative premises to deliver this service from.</p> <p>Sharon Martin felt this was the right direction of travel and supported the proposals. She felt the current service was fragile and asked how will this be maintained during the process. Sheena confirmed that an engagement process was ongoing with practices and a further practice had been approached in the Blackburn area. Discussions would also take place with the Federations to explore the opportunities in the short to medium term of working collaboratively to deliver the service until procurement of the revised model.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Discuss further outside the meeting and meet with Federations to look at opportunities in the interim. Include discussions with Dr Dziobon who has had experience of working in the Blackburn area Zero Tolerance Service. <p>Members received the report and supported the recommendations.</p>	
16.109	<p>Healthwatch Update</p> <p>16.109.1 Access to Medical Records</p> <p>The Healthwatch document 'Access to Medical Records' was received for information, noting that a CCG response had been drafted by Rebecca Demain</p> <p>Stuart Berry joined the meeting at 3pm.</p>	
16.110	<p>Any Other Business</p> <p>16.110.1 Items for inclusion on the Corporate Risk Register There were no new items for inclusion on the Risk Register.</p> <p>16.110.2 Chair of EL Health & Wellbeing Partnership Members wished to record their thanks to Cllr Tony Harrison, Chair of the EL Health & Wellbeing Committee and their representative on the Primary Care Committee. A letter of thanks would be sent to Cllr Harrison.</p>	AM
16.111	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Monday 15 August 2016 at 2pm.</p>	
<p>RESOLUTION</p> <p>“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>		