

NHS EL CCG Primary Care Committee

**Minutes of the meeting held on Monday, 20 June 2016
2pm at Walshaw House**

PRESENT:

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

In Attendance:

Mark Dziobon	Clinical Director Performance
Sarah Danson	Assistant Contracts Manager, NHS E
Rebecca Demaine	Head of Commissioning
Cllr Tony Harrison	Health & Wellbeing Partnership Representative
David Rogers	Head of Communication & Engagement – Item 6.1
Stephen Toulmin	Head of Strategic Partnerships, Local Medical Committee
Sheralee Turner-Birchall	Chief Executive, Healthwatch Lancashire
Mark Youlton	Chief Officer
Catherine Wright	Primary Care Commissioning Manager
Anne MacLeod	Corporate Administration Manager - Minutes

Min Ref:		ACTION
16.078	<p>Welcome & Chairs Update</p> <p>The Chair welcomed everyone to the meeting, particularly Stephen Toulmin and Sheralee Turner-Birchall. The Chair advised that Agenda Item 6.3 relating to Zero Tolerance would be considered in Part 2 of the agenda due to the need to consider commercially sensitive information</p>	
16.079	<p>Apologies</p> <p>Apologies were received from Angela Brown, Dr Huxley, Lisa Cunliffe, Kirsty Hollis and Jackie Forshaw.</p>	
16.080	<p>Governance:</p> <ul style="list-style-type: none"> ▪ Declarations of Interest: <ul style="list-style-type: none"> - Dr Dziobon declared an interest as a GP in Burnley. ▪ Quoracy: The meeting was quorate. 	
16.081	<p>Minutes of the meeting held on</p> <p>The minutes of the meeting held on 16 May 2016 were approved as an accurate record.</p>	
16.082	<p>Action Matrix v12</p> <p>The Action Matrix was discussed and updated as follows:</p>	

	<p>15.143 – Over 75s Funding An evaluation report covering each locality scheme to be presented to the July meeting.</p> <p>15.144 – Quality Review Update Sarah Danson confirmed that an updated MoU would be presented to the Co-Commissioning Management Group on 24 June for further review by the CCGs.</p> <p>16.049 – Zero Tolerance Briefing The item was listed on the agenda for discussion.</p>	
<p>16.083</p>	<p>Matters Arising</p> <p>There were no matters arising.</p>	
<p>16.084</p>	<p>New Models of Care Update</p> <p>David Rogers, Head of Communication & Engagement was in attendance for this item.</p> <p>The report provided an update regarding the consultation on the proposal for extending GP access, confirming that a very good response had been received to the survey. Consultation materials have been made available online, through GP practices and local newspapers. Stakeholder and face to face engagement had also taken place with feedback also being received via social media. To date 1,393 responses had been received and it was anticipated that further responses would be received before the close of the consultation at midnight on 8 July. David confirmed that media engagement had been useful and had supported the process well by providing a balanced report.</p> <p>Feedback to date identified that the new model had been generally well received and positive comments had been provided. However there are concerns regarding the impact on primary care and access to GPs was an emerging theme. There is particular concern in Hyndburn as to how services will evolve under the new models of care.</p> <p>Promotion of the consultation would continue, but would be low key until the EU Referendum is complete. At the end of the consultation, analysis of the data will be undertaken and an interim report presented to the next meeting of the Committee and to the Governing Body, followed by more detailed information at locality level moving forward.</p> <p>Members were advised that Lancashire County Councillor Clare Pritchard had started a petition to retain the Walk In Centre, which contained 4,795 signatures. Once received, petition protocol will be reviewed and the petition will be presented to the Committee.</p> <p>It was noted that further engagement will take place in Hyndburn and a co-production workshop was planned with key stakeholders to recognise the key issues and develop the model further.</p> <p>Members discussed the report and welcomed the challenge from the public, recognising that patient activation is part of the process and that the concerns are valid, particularly relating to costs in terms of manpower. In response to the Chair's enquiry regarding demographics, David confirmed that the Equality</p>	

	<p>and Inclusion Team had provided advice on engaging with particular groups and no specific gaps had been identified.</p> <p>It was important to understand how the extra capacity will be used differently, noting this would form part of the Commissioning Strategy and provide GPs with an opportunity to create capacity by working differently.</p> <p>Members were advised that procurement of the Registered element of the Health Access Centre was now at the pre-qualification questionnaire (PQQ) stage and the outcome of the consultation would be built into the Invitation to Tender (ITT) questionnaire.</p> <p>It was important to balance demand with real need and the outcome of the consultation would be used as a vehicle to enable patients to choose the services they wish to access and would confirm to patients that the CCG had listened and enacted on 'You said we did'.</p> <p>Healthwatch highlighted the need to ensure service users understand the importance of attending the right service at the right time, and requested that patient education is built into the engagement process.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Interim report to the next meeting of the Primary Care Committee and July Governing Body. <p>Members received the report and noted progress to date.</p>	DR
16.085	<p>GP Forward View Summary</p> <p>The General Practice Forward View was published in April 2016 to detail how a substantial package of investment will support General Practice reform over the next five years. Catherine Wright, Primary Care Commissioning Manager presented a report which identified the current position for the CCG against each chapter of the national document and where there is a need to make progress.</p> <p>Jackie Hanson thanked Catherine for a very good piece of work and asked how the CCG can move forward on the areas to be developed and how does it fit in with the organisations priorities. Catherine confirmed that a number of the areas had been addressed and there was a need to capture what has been done.</p> <p>In terms of investment, reference was made to implementing the Carr-Hill resource allocation formula once the revised document had been received. The LMC considered that this would not answer all areas, particularly rurality issues would not be resolved and would require local organisations to manage this. It was agreed the report would be reviewed when available regarding implementation. Members discussed the local funding formulas and the need to ensure equitable distribution, particularly relating to PMS withdrawal</p> <p>Rebecca had attended an event on 16 June, Delivering Primary Care at Scale, led by NHS E and highlighted the need to reflect on what support is available from that Team and how this can be utilised.</p> <p>Dr Dziobon felt the report highlighted lots of work ongoing. One area for improvement was workload and the need to manage demand from secondary</p>	

	<p>care. He felt this was an area where improvements can be made to improve the working lives of GPs. Particular reference was made to Consultant referrals where a Consultant recognises a condition, the patient is referred back to the GP to make that second referral rather than the Consultant making the referral directly within the hospital. This was an ongoing issue and would be addressed through the contracting process.</p> <p>It was agreed this was a good start in terms of comparison and the report was welcomed. The next step was to ask primary care for their view, through the locality networks. Catherine would also liaise with Simon Bradley to identify what is in the 5 Year Forward View and what is in the contract.</p> <p>It was also noted that the new national contract had addressed some of these issues.</p> <p>The Chair thanked Catherine for the report.</p>	CW
16.086	<p>Quality Framework Update</p> <p>Catherine Wright presented the report confirming that the Quality Framework had previously been considered by the Committee. The purpose of the report was to seek approval for amendments to two service specifications since they were last reviewed on 16 May 2016.</p> <p>Dementia Care</p> <p>The Dementia LIS was presented to the last meeting but had been revised to offer a payment scheme primarily based on weighted population to offer a more equitable payment plan and was presented for approval. The total cost of the scheme was £231,000 with an excess of £39,000 available from the ring-fenced Dementia budget.</p> <p>Dementia had been identified as an area that needs continued focus and the report outlined the work ongoing to develop a Practice Dementia Team to raise awareness amongst colleagues and offer training to staff. A breakdown of the financial position was also provided. It was confirmed that clinical scrutiny was provided by Dr Sharma, Mental Health Clinical Lead and he had approved the detail of the specification to move forward.</p> <p>Members discussed the proposals and concerns were expressed that following diagnosis, services are not developed sufficiently to provide support for patients. This highlighted the need to review where there are gaps in service provision to ensure that the referral process links to the services and support available in the community and the voluntary sector for patients, carers and their families.</p> <p>There was further concern that the proposals would create more work for the Practice team when primary care is not currently in a sustainable position, and could feel particularly overwhelming for smaller practices. There was investment last year with little improvement or reduction in diagnosis rates and it was important to commission services that will make a difference in terms of improvement and outcomes. It was agreed that investment needs to be in general practice and consolidated in key areas where improvements can be made, holding practices to account to deliver these and ensuring that newly diagnosed patients receive support and an enhanced annual review.</p>	

	<p>Healthwatch referred to discussions with patients who experienced difficulty in navigating the services following diagnosis and suggested investment be used to provide a consistent message to navigate the support pathways.</p> <p>Following discussion and in view of timescales, it was suggested delegating a decision outside the meeting. Further discussion and clinical input would be obtained through Exec Team discussion.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Dementia LIS to the Exec Team for decision <p>Improving Access to General Practice & Proactive Case Management</p> <p>The aims of the standard are to improve access to general practice between 8am and 6.30pm Monday to Friday and to reduce avoidable unplanned admissions by proactive case management. The service specification had been developed further since the last meeting, with input from Clinical Leads, to ensure the expectations of general practice were clearer and the associated funding aligned with this. The Quality Framework Investment Plan had been revised and was attached to the report which outlined available resource and anticipated spend in 2016/17.</p> <p>Dr Dziobon felt the amount of funding was low and the activity asked of practices is already being delivered. He asked if there was a different way to invest in the quality framework. It was recognised that the scheme had been tested with clinicians and it was important to get investment into practices and review the outcome. It was noted the LMC had agreed to undertake 6 monthly reviews. Members also asked if weighted payments were fair on smaller practices.</p> <p>Following debate, members supported the proposals to invest further in primary care, weighted initially followed by review at year end.</p>	CW
16.087	<p>Any Other Business</p> <p>16.087.1 Items for inclusion on the Corporate Risk Register There were no new items for inclusion on the Register.</p>	
16.089	<p>Date & Time of Next Meeting</p> <p>The next meeting was confirmed as Monday, 18 July 2016 at 2pm.</p>	
<p>RESOLUTION</p> <p style="text-align: center;">“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>		