NHS
East Lancashire
Clinical Commissioning Group

Primary Care Committee

Minutes of the meeting held on Monday, 16 March 2015 at 1pm at Walshaw House

PRESENT:	David Swift	Lay Advisor - Chair
	Steve Allcock	Non-Executive – Secondary Care Consultant
	Jackie Hanson	Director of Quality & Chief Nurse
	Sharon Martin	Director of Performance & Delivery
	Michelle Pilling	Lay Member – Quality & Patient Engagement/Deputy Lay Chai
	Mark Youlton	Chief Finance Officer

In Attendance:

Angela Brown	Director of Corporate Business
Lisa Cunliffe	Primary Care Development Manager
Elaine Collier	Assistant Head of Finance, NHS E
Jackie Forshaw	Head of Primary Care, NHS E
Phil Huxley	CCG Chair
Anne MacLeod	Board Administration Manager

Min Ref:		ACTION
15.01	**Welcome & Chairs Update** The Chair welcomed members to the inaugural meeting of the Primary Care Committee and introductions were made.	
15.02	**Apologies** Apologies were received from Tom Wolstencroft, Cath Randall and Dr Ions.	
15.03	**Governance:** ▪ **Declarations of Interest** - ▪ **Quoracy -** the meeting was quorate	
15.04	**Membership & Terms of Reference** Angela Brown presented the Terms of Reference (ToR) and summarised the content. The Committee was established as a Sub-Committee of the Governing Body with a Lay Member majority. The ToR outlined the role of the Committee, confirmed core membership and reflect the requirements of the Constitution in terms of reporting arrangements and conflict of interest management. Members were pleased to note that meetings will be held in public to provide assurance. The following points were made: ▪ Para 1 was based on national guidance and agreed to remove. ▪ Para 31 & 35 referred to reporting requirements – it was agreed that a summary of discussions would be incorporated into the summary of Sub Committee Minutes presented to the Governing Body and the full minutes would be received by NHS E with the agenda of the next meeting. The changes would be incorporated into the ToR and recommended to the next meeting of GB for formal acceptance.	

Minutes approved by the Chair : 10.4.15

15.05	**Appointment of Vice Chair** Members discussed the appointment of Vice Chair and agreed this should be a Lay Member and be linked to the Audit Committee. In the absence of Tom Wolstencroft, Audit Committee Chair, it was agreed that the role of Vice Chair would be discussed with Tom outside the meeting.	**AB**
15.06	**Confirmation of Delegated Arrangements** Members received a copy of a letter received from NHSE confirming approval for delegated responsibility for NHS E specified general medical care commissioning functions from 1 April 2015 and the Chair congratulated the team on putting the submission together. Mark Youlton outlined the financial position, confirming the initial cost would hit the NHS E ledger then transfer to the CCG. There was still uncertainty as to how funding arrangements will work and important to reach a position that is affordable. Concerns were also expressed that the CCG has responsibility for something that is currently not within its control. National guidance papers had been issued since early February but the CCG had not yet had sight of the delegation documents. Members were advised the final decision would be taken by the Governing Body on 23 March. Mark confirmed that planned figures were based on the QOF achievement of last year.	
15.07	**Memorandum of Understanding** Jackie Forshaw presented the draft Memorandum of Understanding (MoU) which set out the agreed working arrangements and responsibilities for the delivery of primary care general practice co-commissioning and had been adapted to reflect the position in Lancashire. The MoU had been circulated to CCGs for formal comments, which had now been incorporated within the document. Members discussed the document and the following comments were made: ▪ **Complaints Handling** Jackie Hanson expressed concerns regarding elements of the complaints process, pointing out that complaints were not included within delegated items and CCGs should not be signing off complaints if they were not involved during the process. It was noted the Complaints Team would undertake the investigation and seek comments from the Practice. The response from the practice would then be used as the response to the complainant. If the CCG was to become more involved, the complaints process will link into quality improvement and there was a need to understand the impact on the Quality Team. **ACTION:** Jackie Forshaw to have discussions with Kathryn Lord, Head of Quality to understand the detail and consider a proposal. ▪ **Emergency Planning** This section was still to be completed, however it was noted that Emergency Planning leads are working closely together and an update would be provided.	**JF**

	▪ **Incident Management** Need to identify where incident management sits. ▪ **NHS E Support Services** There was a need for clarity regarding some support services as these would not be signed off if there are caveats. With reference to safeguarding, NHS E had no resource to support the CCG in this area and CCG safeguarding leads had been asked to raise across Lancashire to ensure a consistent approach. **ACTION:** Raise with Sue Warburton, NHS E Safeguarding Lead to provide further clarification. ▪ **Performers List** This would not be managed by the CCG. however there was a need to be clear how the CCG approach quality monitoring of general practice and understand what can be discussed in a public forum or Part 2 on occasions and what needs to be considered in a Quality Group. Discussions would also link with complaints and incidents and governance arrangements were currently unclear. The LMC may also wish to be involved in the process. Going forward it was agreed to have informal information sharing discussions between primary care, medical and nursing teams to highlight any areas of concern, prior to a more formal approach. It was also considered that due to the complexity of primary care, it may be necessary to hold Part 2 discussions. **ACTION:** • Discuss further with the Medical Director to provide clarity. • Jackie Hanson and Sharon Martin to discuss further. In response to an enquiry regarding how the LASCA contract was to be managed, this was currently out for procurement to identify three preferred suppliers. However an announcement would not be made until after the election. ▪ **Key Interactions** There was a need for more of a commitment that the teams/organisations included within this section would be maintained, particularly clarification regarding the role of the Area Team. The Chair requested sight of the appendices referred to in the MoU and it was confirmed that West Lancashire were included in the process. In conclusion, members were advised that all comments would be incorporated into the MoU and an updated draft would be issued later in the week, prior to sign off. The next meeting of the Lancashire Co-Commissioning Group was taking place on 18 March and there was a need for clarity as to whether this group would continue to meet.	**JF** **JF** **JH/SM**
15.08	**Training for Lay Advisors** Training dates had been circulated to Lay Members. David Swift was to attend an event in Leeds on 21 April and Michelle confirmed she had attended an event in Birmingham. Further dates would be shared with Tom Wolstencroft.	

15.09	**Co-Commissioning Workshop – NHS Citizen 3 March 2015** The Chair provided feedback following attendance at the Co-Commissioning workshop, together with Michelle Pilling, Lisa Cunliffe and Sharon Martin. He was disappointed that it was working on a citizen led NHS, rather than partnership. It was recognised that NHS E direction of travel is to strengthen the patient voice and strengthen the less heard voices, with commitment at the event in Leeds that there should be more patient leadership. The event also provided a good opportunity to showcase what we are doing in EL re co-production. The event focused on a number of areas, with different groups working through key points. Feedback was awaited and when received would be built into the Primary Care Commissioning Strategy to take forward.	
15.10	**CCG Assurance Process for Delegated Commissioning** The assurance process was still work in progress and was yet to be finalised. There was an indication of what it will look like with self certification against a number of areas, but currently no understanding of the detail.	
15.11	**Feedback regarding Area Team Handover** Jackie Forshaw confirmed that discussions continued regarding working arrangements and how the Area Team and CCGs will work effectively together. Further discussions would take place at the Co-Commissioning meeting later in the week. Some functions would continue to be undertaken by the NHS E Team but key decisions would be made by CCGs. Jackie welcomed discussion as to how best this will work. The Chair confirmed he was attending the meeting on 26 March.	
15.12	**Conflict of Interest Arrangements** Angela Brown confirmed that following the receipt of clear and specific national guidance in late 2014, the Conflict of Interest Policy had been reviewed where required and approved by the Remuneration Committee.	
15.13	**PMS/APMS Update** Sharon Martin advised that work had commenced to review all PMS contracts to ensure these are formulated in a standardised way to ensure consistency. There was also a need to discuss APMS contracts and business cases and how to take these forward. **PMS Contract:** Lisa Cunliffe provided an update, advising that the Area Team had confirmed that the PMS premium was to be withdrawn over 7 years, which was the same timeframe as MPIG. The Area Team had written to Practices offering the opportunity of a visit to discuss the impact of the withdrawal. Eight Practices had requested a visit and dates were to be confirmed. Two Practices opted instead to complete a pro-forma. The CCG requested that visits to Practices for which the impact is greatest should be undertaken jointly with the Area Team to gain a deeper understanding, prior to undertaking the remainder of the visits. Discussions had taken place last year to agree the 7 year pace of change. The CCG now had to make a decision as to whether to withdraw the PMS premium	

	over 6 years with effect from 1 April 2015 or take an additional year to undertake the reviews and not commencing the withdrawal until 1 April 2016. The objective of the visit was to understand whether the Practice are delivering services above the core GMS contract. One of the criteria for transitional support being that any full time GP in a practice could not have an income over the national average. There was a need to ensure that clear, robust criteria is applied consistently where practices are demonstrating they are delivering over the core contract , and clarity as to whether the premium would come back to the CCG to be used to commission services within primary care. Discussions had taken place at the PMS Working Group highlighting the need for a robust rationale for making the decision to change the agreed pace of change. It was recognised this changes the commissioning approach as the CCG may agree to provide primary care services differently within each of the localities to meet appropriate needs. **ACTION:** ▪ Consider where primary care strategy development / contract discussions take place prior to decision making within the Primary Care Committee. **APMS Contract:** The contracts had been extended to 31 March 2016 and there was a need to agree ▪ whether the list will be dispersed, or ▪ re-procurement by a single tender action or full market procurement. It was recognised that a significant amount of work had taken place to reach this point of decision. Discussion followed as to whether draft reports were to be considered by the NHS E Senior Management Team (SMT) on 24 March, which was the last date by which reports could be considered prior to purdah, or for the decision to be taken by the Primary Care Committee in April, to avoid further extension to the contract. There was a risk of challenge from a provider if contracts were to be extended. A comprehensive piece of work had been undertaken regarding access, with a view to developing alternative models within the timescales. Members were advised that the EL contracts would not meet the criteria for a single tender and the next step was for patient engagement to inform the specification, prior to going out for full market procurement. In conclusion, it was agreed to continue with an Executive Summary, including analysis and health needs assessment to NHS E SMT on 24 March 2015. **ACTION:** • Liaise with NHS E to fill in the gaps and submit report to NHS E SMT. • Liaise with Capsticks to discuss contact with providers before Purdah.	**SM/LC** **LC** **LC/JF**
15.14	**Any Other Business** **15.14.1 Items for inclusion on the Corporate Risk Register** The flow of financial information and delegation to be included on the Risk Register.	
	15.14.2 Local Improvement Scheme (LIS) for Dementia The report had previously been considered by the Local Delivery Group and provided details of a new National Enhanced Service for Dementia that had been	

	put in place up to the end of March 2015, targeting an increase in new diagnosis. This also formed part of the Local Improvement Scheme (LIS) that was agreed in EL in 2014 and details of the previous and revised payment structures were outlined. It was recognised that the local LIS had been ongoing for some time before the national LIS came into effect, with Practices paid at different rates. The recommendation from LDG was for Practices to receive top up payments of £25 for all patients identified within the local LIS to make the payment for diagnosis equitable across EL CCG member practices. This would increase the payment from £30 to £55 in line with the national enhanced service. There was a need to focus on the levels of prevalence and use funding to demonstrate good and more equitable dementia care. Following discussion members supported the recommendations made by the LDG to both approve the revision to the 2014/15 LIS payment to local practices and the new Dementia LIS for 2015/16.	
15.15	**Date Time of Next Meeting** Members received a schedule of Meeting Dates for 2015 and the next meeting was confirmed as Monday, 20 April 2015.	

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