

**MINUTES OF THE JOINT CO-COMMISSIONING COMMITTEE
HELD ON TUESDAY 30TH JANUARY 2018 2.00PM to 4.30PM
AT CENTRE4, IN TRAINING ROOM 1**

PART A

PRESENT:

Mark Webb	NELCCG Chair
Paul Glazebrook	Health Watch Representative
Dr Ekta Elston	Vice Chair of CoM
Geoff Day	NHS England
Erica Ellerington	NHS England
Amalia Booker	Representative – Humberside Group of LMC's (arrived at Item 05)
Julie Wilson	Assistant Director Programme Delivery & Primary Care NELCCG
Dr Maliyil	Chair of CoM, NELCCG (Joined the meeting at Item 5)

IN ATTENDANCE:

Kaye Fox	PA to Executive Office, Note taker
Sarah Dawson	Service Project Lead, NELCCG
Claire Stocks	Corporate Assurance Officer, NELCCG
Rachel Singyard	Service Manager NELCCG

APOLOGIES:

Laura Whitton	Interim Chief Finance Officer NELCCG
Cllr Jane Hyldon-King	Portfolio Holder for Health, Wellbeing and Culture
Stephen Pintus	Director of Health & Wellbeing, NELC

<u>Ed</u>	<u>ITEM</u>	<u>Action</u>
1.	<p>APOLOGIES Apologies were noted as detailed above.</p>	
2.	<p>DECLARATIONS OF INTEREST The Chair reminded members that if at any point during the meeting they note a conflict of interest this needs to be declared and members should ensure that this is listed on their declaration of interest form. Dr T Maliyil and Dr E Elston declared an interest in the following Agenda items 7, 8, 10, 11, 12, 13, 14, 17; they stayed in the room for all agenda items but did not participate in decision.</p>	
3.	<p>MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 3rd October 2017 The minutes of the meeting held on the 3rd October were agreed as an accurate record.</p>	
4.	<p>MATTERS ARISING</p> <ul style="list-style-type: none"> • Item 6 – Extended Access - On the agenda today • Item 11 – ETTF Update - This has been completed and is on the agenda today • Item 12 – Requirements for Immediately Necessary Treatment - The action agreed was that the LMC would circulate a reminder regarding the contractual 	

obligations of all GP Practices. The LMC confirmed that an e-mail reminder was sent to all NEL practice managers and GPs in October 2017 regarding this.

- **Item 16 – AOB GPFV budget underspends** – On the agenda for today.

GOVERNANCE

5. Update on delegated Commissioning arrangements including amending Terms of Reference

[Amalia Booker (LMC Representative) arrived at the meeting]

Claire Stocks talked through the paper she had submitted for the meeting which outlined the outcome of the recent application submitted to NHSE for NELCCG to take on fully delegated commissioning of primary medical services from 1st April 2018 and the impact of these changes on this committee and the CCG as a whole.

The Committee were asked to:

- Note the approval of NHSE of the CCG's application for delegated commissioning of primary medical services
- Note the content of the Delegation Agreement and the requirement for submission by 28th February 2018
- Approve the proposed changes to the Committee's Terms of Reference

The application has been approved and accepted by NHS England and the next stage is for the CCG to sign the delegation agreement which needs to be submitted by the 28th February 2018. The document is a standard national delegation agreement and local variations to this agreement are not permissible. Laura Whitton, Chief Financial Officer for the CCG, is responsible for signing the Agreement.

Discussion took place and further clarity was requested on the following points:

- 6.2.1.5 - A query was raised as to what the local arrangements are for commissioning urgent care (including home visits as required) for out of area registered patients. A discussion took place around the obligations on practices for home visits to patients and NHS England confirmed that practices were responsible for all care for patients on their register; however, the LMC noted that if patients are registered with a practice as 'out of area', then the separately commissioned service provides urgent care for them. It was noted that there had always been arrangements in place previously with local practices to provide this service, but it was agreed that the CCG would check which practices were still signed up to the service. It was also agreed to discuss this issue further with the GP Development Group.

ACTION: RS to confirm current arrangements within NEL for out of area patients.

ACTION: JW to add 'Home Visits for out of area patients' to the Agenda for the GP Development group.

- 6.2.5 – Management of poor performance of GP Practices. Geoff Day informed the Committee that the CQC alert NHS England prior to Practice inspections and there are mechanisms for raising concerns and feeding back informally after visits, where necessary. Julie Wilson confirmed that similar relationships now exist between the CCG and the CQC.
- Staffing resources – Paul Glazebrook asked whether moving to fully delegated commissioning would have any impact on staffing resources. Julie Wilson confirmed that this had been discussed with NHS England prior to submitting the applications. It was confirmed that the same level of support would continue to be provided by NHS England, although there is work to do to formalise the specific details of who will do what. It was also confirmed that there will be no change to CCG resources to take on fully delegated commissioning. The CCG

**RS
JW**

will have the decision making responsibility in relation to the core contract and associated funding.

- 6.2.1.3 Establishment of new GP practices. A query was raised as to how capital for new buildings would be managed. It was noted that capital approval is a reserved function to NHS England. Geoff Day mentioned that any future capital bids would need to demonstrate local strategic fit and would be signed off at an STP level first.
- 13.1 Funding. It was confirmed that the CCG will be notified in advance of its allocation for core contract and NHS England and CCG finance teams will work together on ensuring the financial position is reflected within the CCG's ledger.
- 13.26 Business Plan, Commissioning Plan and Annual Report. It was noted that a plan regarding how the duties would be exercised is required from the CCG each year and the point was made that the new Primary Care Committee should sign this off. It was agreed that that CCG would seek further advice regarding what this plan should include.

[Post meeting note: Advice has been sought from NHS England and the expectation is that a finance schedule setting out the planned spend will be produced. This is not a narrative plan.]

- Julie Wilson stated that there will be a new work plan for this committee which will take in to account the delegated responsibilities.

Terms of Reference – The amended constitution, which reflects the required changes for the CCG to take on fully delegated commissioning, was submitted and approved by NHS England and is subject to the following conditions:

- The terms of reference of the primary care commissioning committee to have an additional lay member on the committee and that person to be identified as the vice chair. This would bring the CCG in line with the statutory guidance on conflicts of interest and guidance on primary care commissioning, which is to have a lay chair and a lay vice chair for the Committee.

Claire Stocks suggested that the Patient & Public involvement lay member from the Governing body should be included in the terms of reference as Vice Chair of the Committee.

[Dr Ekta Elston joined the meeting at this point].

The Committee agreed to add the lay member for Patient & Public Involvement as the Vice Chair to the Terms of Reference.

The proposed changes to the Terms of Reference have been highlighted in the paper and are listed below:

- Section 5.1 – Add additional lay member to be vice chair; agreed Patient & Public Involvement Lay member to be invited
- Section 5.2 & 5.3 – tweaked to show who is the Chair and Vice Chair of the Committee and updated membership
- Section 6.4 – removed as duplication (reflected in 6.2)
- Section 8.1 – Frequency of meetings. These are currently quarterly, but given the new responsibilities it is proposed to hold meetings bi-monthly. It was noted that going forward meetings might need to move to monthly, but this should be reviewed during the first year.

The Committee approved the proposed changes to the Terms of Reference. Meetings will be held bi-monthly from May 2018 (dates to be confirmed)

It was agreed that Claire Stocks would contact voting members to confirm their deputies

and remind the deputies of the need to attend meetings in the absence of the Committee member.

ACTION: Claire Stocks to contact voting members to confirm their deputies and to remind the voting member of the need for the deputy to attend the meeting in their absence.

CS

6. STRATEGY GP FORWARD VIEW DELIVERY PLAN UPDATE

International Recruitment:

Julie Wilson provided a verbal update to Committee members which included the following points:

- The CCG is working jointly with other CCG's from the STP. A recruitment agency is working alongside us, as well as a global marketing company, to promote our area. Marketing information will be developed for each locality which is being fully funded by NHS England. Candidates will be supported and signposted as to where to look at jobs.
- The initiative aims to recruit 65 clinicians across the STP; this number is based on what the Practices involved have told us is required.
- Individual practices that have expressed an interest in a project are to be supported by the marketing company to create their own website pages, this will provide them with the opportunity to promote what they can offer candidates
- 34 applications have already been received as a result of global marketing from a range of countries inside and outside the EU. These are all at different stages of the process.
- A programme board has been set up to oversee the process.
- There has been a lot of detail to work through in terms of how to ensure that candidates are assessed for suitability and supported to pass clinical and English language tests, as well as providing advice around the process for getting on to the national performers list/GMC registration and providing information about the area and what it has to offer.
- Scarborough CCG has been involved in a lot of this work to establish the process and is testing it with a few early applicants. Weekend visits from applicants are being planned to the Scarborough area, although successful GPs could still choose to go to any Practice.
- Conferences have been arranged in Spain for February, May and October. Representatives from across the STP area will be attending, along with Spanish GPs who are already working in the STP area, to encourage people to come over here.
- Advice that is currently being given is that it is likely to take 12-18 months from applying to being in a position to take up a permanent post

A query was raised around whether there are any issues regarding visas. The understanding is that they are not given unless individuals are applying for posts on the 'deficient' register, and the GP role is not on this list. It was also noted that following Brexit this could be an issue for EU doctors.

ACTION: Julie Wilson to check if there are any issues regarding visas

JW

- For Practices that have expressed interest locally, a frequently asked question guide will be sent out to provide more information.

Care navigation training:

Rachel Singyard provided a verbal update. A provider has now been appointed to provide care navigation training locally, following a selection process. The provider is

West Wakefield Health and Wellbeing. An initial workshop including practice reps and providers of potential alternative services to signpost to has been arranged for the 28th February; 60 people have been invited to attend. Following the workshop a task and finish group will be drawn up.

The CCG is looking to launch this service at the April PLT when everyone will be made aware, with a 'go live' date of the 1st May 2018. Patient Comms will need to be undertaken as things will change when they ring their GP Practice. Wakefield will work with us on developing signposting to other services. This training is funded by NHS England GPFV national allocation specifically for this purpose.

Online Consultation:

- There is national funding for online consultation software and the guidance that NHS England has produced is very clear about procuring the software.
- Online consultation means that patients are able to input information online, which is usually structured questions, responses are then sent through to the Practice for assessment. An appropriate response is then communicated to the patient, this could be advice to self-care, book into a condition specific clinic, or book a GP appointment
- The CCG has secured this year's funding; and there will be a joint procurement across the STP in order to maximise value for money.
- Expressions of interest from federations / practices need to be established and the local model needs to be agreed. It is anticipated that a sub-group of the GP Development Group will be established to take forward this work. Plans will be shared with the Community Forum and the Council of Members. There will be patient involvement and engagement on this project.

7. Estates and Technology Transformational Fund underspend

Dr E Elston and Dr T Maliyil declared a conflict of interest in this item. Both Dr Elston and Dr Maliyil stayed in the room but did not take part in the decision.

Rachel Singyard talked to the paper that she had submitted for the meeting which asked the Committee to note the submissions that have been agreed and consider whether or not to agree to broaden the criteria to support more schemes. The costs of the schemes already approved were less than the available budget, and there was therefore opportunity to fund more schemes, if agreed.

Discussion took place around the 3 submitted bids that are under consideration for approval. These didn't quite meet the initial criteria for infrastructure costs for system improvements / upgrades that clearly support the delivery of services and collaborative working. However, they did appear to support services across the NEL footprint. The Committee agreed that if the criteria were to be changed the bids would need to be opened up again to everybody, in order to make it fair. It was recognised that there was insufficient time left to go through this process and commit the funding before the end of the financial year. An alternative proposal to use more of the available funding was to go back out to all federations to see if they would like to implement the same software as one of those schemes that was fully approved, i.e. document management systems to support federated working.

The Committee agreed not to approve the 3 bids that didn't meet the criteria and asked Rachel Singyard to suggest the implementation of document management systems to other federations.

ACTION: Rachel Singyard to contact federations to offer opportunity to

RS

purchase document management systems

8. PMS Re-investment proposals

Dr E Elston and Dr T Maliyil declared a conflict of interest in this item. Both Dr Elston and Dr Maliyil stayed in the room but did not participate in the decision.

Julie Wilson talked to the paper that had been circulated for the meeting, which asked the Committee to:

- Note the historical investment of PMS premium monies
- Approve the proposals for 2018/19 investment, subject to further work-up

Re-investment has been phased over 4 years (2015/16, 2016/17, 2017/18 and 2018/19). The CCG has a further £489k available for investment in 2018/19.

The proposals are shown in the appendix paper for agenda item 8 circulated for the meeting.

The ideas for 2018/19 were briefly discussed and comments noted:

- Shared Care for Mental Health Drugs – It was noted that there needs to be clarity about specialist service monitoring and what is required of practices. Julie confirmed that this forms part of the guidance / agreement documentation that has been developed.
- In terms of the proposed Enhanced Practice Clinical Support, it was suggested that it would be helpful to ask for more detail from Hull or East Riding CCGs, as they also used some of their PMS reinvestment funding for this purpose.
- A query was raised as to whether there are difficulties recruiting these staff. There are sometimes issues recruiting to Clinical Pharmacist posts, although another local scheme has successfully done this. It was noted that levels of interest in posts sometimes depends on how they are advertised.
- Dr Elston informed the Committee that she is currently working on rotational Physicians Associates posts for Primary Care and Secondary care, and trying to create posts that will attract candidates.

Julie Wilson stated that the new schemes need to be worked up to provide more detail. In line with the NHS England PMS reinvestment principles, funding is maintained at practice level (paid by the CCG) until alternative arrangements are available for practices to take up. However, once the schemes are available, the PMS premium funding to individual practices ceases, irrespective of whether or not they choose to take up the new service.

The Committee approved the proposals for 2018/19 investment, subject to further work-up

9. Primary Care Mental Health Services

Julie Wilson talked through the presentation provided for the Committee, explaining the work that has been done over the last year to align local primary care mental health services, both primary care and secondary care provided, to ensure more joined up working and consistency of approach. It was noted that referring to OpenMinds as a 'walk-in' service could suggest that individuals can walk straight in and start treatment, but this isn't the case. It is a way of self-referral into the service, but treatment may not commence for a few weeks.

10. Extended Access Update

Dr T Maliyil and Dr E Elston declared a conflict of interest in this item. They both stayed in the room but did not participate in the discussion.

Sarah Dawson had submitted a report to the Committee which provided an update on the local arrangements for extended access to general practice. The Committee were asked to note the pilot proposal for developing local arrangements for extended access to general practice and to comment or provide feedback.

It had been agreed at the Care Contracting Committee (CCC) in July 2017 that Extended Access would be offered out to local federations, but shortly after this decision there was an announcement about an Integrated Urgent Care specification which would have implications for extended access; a decision was therefore made to delay going any further with the offer of extended access at that time. Further advice was also received from NHS England regarding undertaking a procurement process to secure provider(s) for this service.

In light of the integrated urgent care specification, the CCG's CCC has now taken a decision to pilot extended access initially with local providers, in order to better understand on the day demand versus pre-bookable / planned. This pilot would provide data to support the development of a specification and future procurement. An expression of interest has now been sent out to federations, with responses due back by 1st February 2018.

The latest Planning guidance from NHS England has brought forward the date for 100% coverage of extended access to 1st October 2018 (previously 31st March 2019). The pilot will support the CCG to deliver by 1st October and into the future.

A query was raised around the inequalities with the current service; Sarah Dawson confirmed that NHSE have included inequalities in the specification to ensure it is addressed to improve access to services for patients.

A question was also asked around capacity to resource these additional hours across federations. It was noted that this is not just about GP capacity, but how the broader general practice workforce supports the services. Federations will liaise with Practices to identify the capacity required to deliver extended access.

11 Update on Chronic and Complex Enhanced Service
Dr T Maliyil and Dr E Elston declared a Conflict of Interest in this item. They both stayed in the room but did not participate in the discussion.

Sarah Dawson provided an update to the Committee on the Chronic and Complex Enhanced Service. This covers the management of patients with long term conditions and those with complex needs. The benefit of this at federation level is that practices are able to pool resources, which enhances the resilience of the service delivery across all Practices. The training of primary care staff is taking place through group and 1:1 clinics with specialists. The Community Matron model helps to manage patients, aiming to keep them out of hospital and to also manage patients when they are initially discharged from hospital. It was confirmed that templates are in place to support the training.

The Contract period was initially agreed to run until the end of March 2019. However, feedback from the Federations was that this was making recruitment difficult and causing a risk to Practices regarding the retention of staff. The CCC has therefore recently approved an extension to the contract period to 2022. It was noted that these services are still at the developmental stage. Meetings have been held or are planned with each federation to understand the barriers and challenges that they are facing by working in a different way; these issues are being worked through to enable the services to be taken forward.

12.

QUALITY

2017/18 Quality scheme update

Dr T Maliyil and Dr E Elston declared a conflict of interest in this item, they both stayed in the room but did not participate in the discussion.

Julie Wilson provided the Committee with a brief report on the progress being made by the 3 Federations against the 2017/18 General Practice Quality Scheme

The Committee was asked to note the current progress and plans for end of year assurance meetings and to consider any potential new areas for inclusion within the 2018/19 scheme.

Discussion took place and the following points were noted:

- It was noted that the agreement sets out that funding could be ceased in the event that progress has not been made at all. However, a query was raised as to whether funding could be re-claimed if there has been insufficient progress. It was felt that this would be dependent on the issue. The Co-Commissioning Committee, and the Primary Care Commissioning Committee in the future, would be provided with end of year progress and supporting evidence and would make the decision regarding the potential for withdrawal and clawback of funds.
- A query was raised as to whether there has been any work with the Federations as to what support they require. It was noted that mid-year reviews between the CCG and the Federations have taken place, at which ideas were discussed.
- It was noted that any monies clawed back should still be used to support Primary Care.

13.

OPERATIONAL

Update on Primary Care local schemes

Dr T Maliyil and Dr E Elston declared a conflict of interest in this item. They both stayed in the room but did not participate in the decision.

Rachel Singyard had provided the Committee with an update report on the review of general practice local schemes, which sought approval from the Committee regarding a number of proposed changes.

The Committee were asked to note the current position regarding the local schemes for general practice and to approve the following changes:

- Extension of a number of contracts to March 2019, to allow more work to be undertaken (detail on attached spreadsheet) with changes enacted in year where appropriate
- Renewal of 3 year contracts for a number of schemes where service needs to be continued
- Cessation of IT worker and transfer of resource to CCG to support CCG wide IT initiatives

It was noted that a range of local schemes have evolved over the years through various funding streams and these services have all been pulled together for review. An update on each of the Schemes was provided for the Committee, working through the detail within the Appendix to the paper.

Discussion took place and the following points were noted:

- It would be helpful for the Committee to have sight of more detail and rationale used for decisions
- It was suggested that it would be helpful to see the summary organised in a

different way. For example, it could be arranged to show all those that relate to secondary care avoidance together

- It was confirmed that even for those approved to extend, the contract terms allow for a notice period if the commissioner wishes to take a different approach during that period
- The Committee requested assurance that the work planned during 2018/19 to review schemes which had been rolled over for one year would be undertaken.

The Committee approved the recommendations, but requested further detail regarding the schemes extended to 2021.

RS

14. GP Resilience Update

Dr Maliyil declared a Conflict of Interest in this item. Dr Maliyil stayed in the room but did not participate in the discussion.

Erica Ellerington had provided a report to the Committee to update members on the current GP Resilience Programme approvals within North East Lincolnshire. The Committee members were requested to note the contents of this report.

No queries were raised regarding this.

15. **GP Retention Scheme update.**

The Committee was informed that North East Lincolnshire has 2 doctors covered by the NHS England 'GP Retainer Scheme'. Nationally, the uptake for this scheme has been low, so having two is a good position for NEL.

16. **Contract variation (standing item)**

There was nothing further to update the Committee on this item

17. **Extension of closed list application – Birkwood Surgery**

Dr T Maliyil and Dr E Elston declared a Conflict of Interest in this item, both stayed in the room but did not participate in the discussion.

Erica Ellerington provided a paper for the Committee to seek a decision on the application made by Birkwood Practice to extend their current period of list closure until the end of June 2018. Committee members were requested to note the contents of the report and, following review of the action plan to be provided at the committee meeting, come to a decision on whether the Practice may extend their list closure period.

NHS England provided a further update to members. The CCG and NHS England met recently with the practice, with the LMC also present, to work through what has happened during the previous period of closure and what would be different if the extension were approved. Some items on the previous action plan had not been taken forward or yet brought about any change, such as looking at different access models across the Federation, having some external support for exploring different ways of working and the International recruitment campaign. They had also written to patients outside of the boundary but had not removed any patients.

The Practice recognised that it needs to broaden its workforce and skill mix, but this would take some time. The actions that were discussed with the practice that they could take included:

- Advanced Nurse Practitioner training and Nurse Prescriber course. The Capacity at the Practice would be reduced during this period of training.
- Reviewing patients outside the boundary and removing them where appropriate
- Continuing to be part of the international Recruitment campaign.

The Practice was asked to prepare an action plan, with clear timelines, following that meeting. However, this has not been received.

Discussion took place regarding the request and the following points were noted:

- It was noted that working differently with the Federation is not likely to bring about change within the 6 months
- There is no new evidence that closing the list this time will make things better
- They do not appear to be in any different or more difficult a position than other local practices in terms of GP to patient ratio and other staffing levels
- It was recognised that there had not necessarily been any regular checking with the practice regarding their previous action plan, which should ideally have happened
- It was agreed that any future requests to close lists should have an agreed robust action plan and a process in place to look at this at regular intervals to ensure the practice is on track to complete.

The eligible voting members that were present at the meeting felt that the application to extend the temporary list closure should not be approved.

The Chair requested that NHS England send the information out to all voting members of the Committee to ask them to vote as to whether they agree or disagree to extending the temporary closure of the Practice list.

Post meeting note: The request to extend the list closure at Birkwood Surgery was not approved. NHS England notified Birkwood Surgery of the decision.

18.

Decision regarding underspend on GP Forward View funding

Julie Wilson provided a report for the Committee to seek approval to alternative uses of the funding identified as part of the Local GP Forward View delivery plan, within the areas where there has been an under spend.

The Committee was asked to:

- Approve the proposal for alternative use of the local GP Forward View funding, where underspends have arisen

Following discussion regarding the various proposals, the Committee agreed they should be approved.

The Committee approved the proposals.

Dr T Maliyil left the meeting

INFORMATION

19.

Primary Medical Services Budget summary (standing item)

The paper was noted by the Committee

20.

Action Summary Sheet GP Development (standing item)

The action summary sheet of the GP Development Group was provided for information and noted by the Committee.

21.

Any other Business

The Committee was made aware that increased investment is being requested for some primary care services that the Local Authority commission. A paper will be brought back to a future meeting to provide further detail.

The Chair thanked Paul Glazebrook, Healthwatch, for his contribution to the Committee meeting and wished him well in his retirement.

DATE AND TIME OF NEXT MEETING

30th March 2018	1pm to 3.30pm	Primary Care Commissioning Workshop
30th March 2018	3.30pm to 4.30pm	Joint Co-Commissioning Committee meeting
29th May 2018	11am to 1.30	Primary Care Commissioning Committee
31st July 2018	2pm to 4.30pm	Primary Care Commissioning Committee
25th Sept 2018	11am to 1.30pm	Primary Care Commissioning Committee
27th Nov 2018	2pm to 4.30pm	Primary Care Commissioning Committee