



**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON TUESDAY 25th September 2018 2pm to 4pm
AT CENTRE4, IN TRAINING ROOM 1**

PART A

PRESENT:

Mark Webb	NELCCG Chair
Cllr Jane Hyldon-King	Portfolio Holder for Health, Wellbeing and Culture
Tracey Slattery	Health Watch representative
Stephen Pintus	Director of Health & Wellbeing, NELC
Chris Clarke	NHSE (representing Geoff Day)
Tracey Slattery	Health Watch
John Berry	Quality Assurance NELCCG (representing Jan Haxby)
Jo Horsfall	Finance Support Officer NELCCG


IN ATTENDANCE:

Kaye Fox	PA to Executive Office, Note taker
Rachel Singyard	Service Manager NELCCG
John Mitchell	Service Development and Projects Manager
Carrie Cranston	PA to Executive Office NELCCG (John Mitchell)

APOLOGIES:

Dr Thomas Maliyil	Chair of CoM, NELCCG
Geoff Day	NHS England
Julie Wilson	Assistant Director Programme Delivery & Primary Care NELCCG
Laura Whitton	Chief Finance Officer NELCCG
Phillip Bond	Deputy Chair, PPI member of Governing body
Dr Ekta Elston	Vice Chair of CoM, NELCCG
Erica Ellerington	NHS England
Jan Haxby	Director of Quality and Nursing NELCCG
LMC Representative	
Sarah Dawson	Service Project Lead

<u>Ed</u>	<u>ITEM</u>	<u>Action</u>
1.	APOLOGIES Apologies were noted as detailed above.	
2.	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. The Chair reminded members that any declarations of interest that arise during discussions of the agenda items should be noted.	

3.	<p>MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 31st July 2018</p> <p>The minutes of the meeting held on the 31st July 2018 were agreed as an accurate record.</p>	
4.	<p>Matters Arising and Action Log</p> <p>A copy of the Action log was circulated with the papers which provided the Committee with an update on actions from the previous meeting.</p> <p>Rachel provided a verbal update to members on the E-Referral system (eRS), explaining that as from 1st October 2018, there is an expectation that all GP referrals are made through eRS. Health Watch undertook a survey within the DPOW Outpatient department asking what patients know about ‘Choice of Provider’ and whether they had been offered it. The results from the survey showed that not a lot of people were offered a choice of secondary care provider at the point of GP referral and it has identified that there is still a lot of work to be done around this.</p> <p>Update on eRS Enhanced Service – It is planned to offer this to the GP Federations through their PMS funding to put systems in place across all practices to be in a position to provide a consistent offer of choice to patients, and to ensure consistent use of the eRS system. The enhanced service specification is currently out for comment by stakeholders.</p>	
	<p>GOVERNANCE</p> <p>No items to be discussed.</p>	
5.	<p>STRATEGY</p> <p>GP Forward View update</p> <p>Rachel Singyard provided a verbal update to members around GP International Recruitment, confirming that we are continuing to keep in touch with the 4 GPs that attended the taster weekend in July that was held across Northern Lincolnshire. Two more taster weekends for the area are being arranged for February and March 2019.</p> <p>Care Navigation – The CCG will be arranging more training this year for this and will look to include more services, in particular, Social Prescribing.</p> <p>Online Consultations – Two Practices are going live this week with the system.</p>	
6.	<p>General update on Digital Roadmap and Primary Care</p> <p>The Chair reminded members that John Mitchell had been asked to attend the meeting to provide a general update on the digital roadmap and to include an update on Primary Care, following a discussion at the last meeting around sharing records locally and the incompatibility of different IT systems.</p> <p>John Mitchell talked through his presentation to members; a copy is attached for information.</p> <p></p> <p>Item 06 IT Update PCCC.PPTX</p> <p>Discussion took place during the presentation and the following comments were made:</p> <ul style="list-style-type: none"> • The Humber, Coast and Vale Care Record will be based on the model of the Leeds Care Record which is a locally developed system to allow access to patient records from a number of existing clinical systems by allowing them to talk to one other. For example, data will feed in from hospital systems such as the Web V system within NLAG. Engagement with Primary Care will be key to the successful delivery of the care record. • Connecting to Care Homes is now in progress although there are still a number 	

	<p>of sites to be actioned within North East Lincolnshire. Additional funding for the remainder of North Lincs to be actioned, will be rolled out over a two year period.</p> <ul style="list-style-type: none"> • Care Home access to eSCR – this has now been rolled out within the first care home in NEL – we were the first in the country to achieve this, working directly with NHS Digital. • The uptake of access to eSCR within General Practice has been fairly slow as a result of a perception from practice staff that capturing consent will add to already stretched workloads. Gill Foley, eSCR lead for the Humber, has been educating practices on effective ways to capture consent for the enriched SCR to be shared, for example via new patient registration forms and SMS messaging. • There are still issues to be worked through with regard to other health professionals (other than GPs) being able to update the record, for example a Macmillan Nurse is currently unable to update the SCR with end of life preferences. Gill is also working with practice staff (for example reception staff) to enable them to better understand the ways in which consent can be captured and the importance of doing so. • There also needs to be engagement with practices around the need for information that is inputted into the SCR to be accurate and up to date as it relies on coded information. • A patient can request access to their own GP record although the practice will first check the record to ensure that any 3rd party information has been removed prior to access. • GDPR – for direct patient care you do not need consent to look at the record, however, NHS Digital still maintain an explicit consent requirement for eSCR. A public awareness exercise is needed to explain that records need to be shared, patient needs to tick the box, for the record to be shared on the whole system and that explicit consent is required. 	
	<p>QUALITY No items to be discussed</p>	
<p>7.</p>	<p>OPERATIONAL Special Allocation Scheme (NHSE) A paper has been circulated to members and was taken as read.</p> <p>The NHS England policy has been drafted to provide guidance to Commissioners and Providers of essential Primary Care Services in relation to the removal of violent patients from their GP practice and placement via the Special Allocation Scheme (SAS).</p> <p>Chris Clarke talked through the paper which sets out the background from NHS England and a summary of the actions required.</p> <p>A Directed Enhanced Service for Violent patients had been established in 2004 and provided access to Primary Care services for violent patients. Open Door is the local Provider in NEL for this service. Chris explained that by referring to the national policy, NHS England are looking to create a consistent approach across the North Yorkshire and Humber patch. As a way of managing this, a panel of members from each locality will be established to make decisions for placing patients on the scheme. The panel will be brought together with a representative from each of the CCG's; this could be done virtually for appeals, based on the evidence provided from both the patient and the practice. Chris asked for a representative from NEL to join this panel. The panel will cover all geographical areas, but local knowledge will be required if an appeal comes in from our area; it would be preferable if the representative could be a clinician. Papers could be circulated for a virtual decision and can be managed this way, panels need to</p>	

be arranged quickly and the numbers are 1 to 2 a week. It was noted that Open Door is a specialist provider for complex patients and once patients are transferred to their list they often choose to stay registered there.

ACTION: Rachel Singyard agreed to discuss with Dr Ekta Elston and to confirm the representative name to NHS England

8. Primary Medical Services Budget summary (Standing item)

A paper has been circulated to members for the meeting and was taken as read.

Jo Horsfall provided the following update:

There is no significant movement from what was reported at the last meeting; a small underspend overall from last month. The CCG has built in the nationally agreed 1% General Practice uplift from national payment which will be paid to Practices next month and backdated to April 2018. There is now five full months of expenditure in, so the Finance team will review the forecast on line by line basis for the next meeting. At the moment, it is still predicting breaking even by the end of the financial year.

There is a £73,000 year to date overspend reported for substance misuse, however Stephen explained that is due to how the Council have phased the budget. The amount has been paid out in one go, as a jointly commissioned service, and the rest is paid on successful outcomes.

ACTION: Stephen to check this amount with colleagues.

For GP Premises costs, there is an underspend reported for rent valuations. This is due to the valuations that have been carried out not being as high as expected.

9. Annual GP Patient Survey

A paper has been circulated for the meeting and was taken as read.

The paper is to update the Committee regarding the latest national GP Patient Survey results and actions that are being taken forward that will help to improve experience of general practice.

Rachel Singyard informed members that the results from the GP Patient Survey were published in August and an update will be brought yearly for members to be aware of the results.

The following points were highlighted:

- There was a 33% response rate
- Improvements between 2017/18 included getting through on the phone, helpfulness of reception staff, confidence in 'Out of Hours' staff.
- Deterioration in 2017 to 2018 included the overall experience of booking an appointment and overall experience of GP Surgery.
- No difference between 2017 and 2018 in the awareness of booking appointments online.

A list of extra questions had been included within the survey to bring it in line with the GP Five year forward view.

Actions to support improvement have been drawn up and are listed within the paper.

The following comments were made by the Committee:

- How does the local response rate compare to national?
- Are there any patterns emerging across practices from year to year, for example, if their results are static, and are practices putting in place actions to address issues highlighted in this survey?
- Acknowledgement around the need to focus on the lack of high utilisation for online access by patients at some practices.

Rachel explained to the members that the results from this survey are populated into the Primary Care dashboard and will be reviewed as part of the overall primary care monitoring. The members agreed that it was a good survey which provides us with a lot of information to digest.

Healthwatch have access to the survey and are considering ways in which they can use the information to assist their remit around primary care. Tracey explained that there is currently a project at Roxton looking at all services that are offered, and that Healthwatch are also working with Scartho Medical Practice promoting the pharmacy provision available to patient as an alternative to seeing a GP.

It was suggested that for the next meeting Healthwatch could provide an overview of the Survey.

ACTION: Overview of the GP Patient Survey by Healthwatch to be an agenda item for the next meeting.

10. Contract Variations (standing item)

- **Request to change Practice Boundary**

A paper has been circulated to members and was taken as read.

Chris Clarke talked through the NHS England report which supports the application to change the Practice boundary for Chantry Health Group.

Discussion took place around the request and the following points were raised:

- The Practice had explained in their application that there are no service gaps, and felt that the impact on Care Homes would be minimal.
- A suggestion had been made by the practice to remove their out of area patients and re-register under the “Out of Area Patient Registration Scheme” which would mean no home visits. However the practice had been informed that this is not possible under NHS England regulations.
- Neighbouring Practices have been consulted and it was recognised that there would be less impact on local practices around this in comparison to a request to close a practice list.
- The question was asked as to how many patients would be affected if the request was supported and how the removals would be managed.

The Committee asked for the above information to be sought and shared virtually for a decision to be taken.

ACTION: Rachel to request further information from the practice and to share with Committee for a virtual decision.

11. Local Primary Care Schemes update

A paper has been circulated to members for the meeting and taken as read

The Committee is asked to note the current position regarding each local scheme.

Rachel Singyard talked to the paper and informed members that all schemes have been extended into at least 2019, with some as far as 2021. Information had been previously shared with the Committee and the supporting paper has now been updated for each of the schemes. Rachel explained that the Minor Surgery scheme is still being worked through as it is quite an involved piece of work.

It was acknowledged by the Committee that is a local scheme is demonstrating that it is providing value, it should be continued, but if not, consideration must be given to ceasing it.

Rachel explained that the Care Contracting Committee had agreed to increase the price paid for vasectomies to £250 from 1st July 2018. Three practices currently provide this service and have raised their concern that this amount is still too low. They have been asked by the CCG to provide information detailing their costs which will need to be further reviewed and consideration given as to whether the fee should be further increased. It was noted that North Lincolnshire CCG currently pay £320 for this service.

The Committee agreed that a quarterly update would be brought to this meeting unless a decision was required sooner.

12. Extended Access update

Rachel Singyard provided a verbal update to members.

The national go live date is 1st October 2018. Sarah Dawson has undertaken much work with the Federations to work towards this date. It is expected that two Federations will go live on the 1st October and the third would follow very quickly after that date, subject to resolving some issues around their IT solution. Patient Communications will go out once the system is fully operational across the patch. Rachel explained that there is national reporting to NHS England required for extended access.

13. Action summary sheet GP Development (standing item)

Item deferred to next meeting

14. Terms of Reference

A copy of the amended Terms of Reference for the Primary Care Commissioning Committee was circulated with the papers for information and for the members to note that it is now a requirement to include the delegation agreement as part of the Terms of Reference.

The Committee members noted the requirement to include the Terms of Reference.

Any other business

None to discuss

**15. DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee
4th December 2018 2pm to 4.30pm**

DATES FOR 2019 – venue to be confirmed

29th Jan 2019 11am to 1.30pm

26th Mar 2019 2pm to 4.30pm

28th May 2019	11am to 1.30pm
30th Jul 2019	2pm to 4.30pm
24th Sept 2019	11am to 1.30pm
26th Nov 2019	2pm to 4.30pm