

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE  
HELD ON TUESDAY 26<sup>th</sup> March 2019 2pm to 4pm  
AT CENTRE4, IN TRAINING ROOM 1**

**PART A**

**Present:**

**Voting Members:**

Mark Webb	NELCCG Chair
Laura Whitton	NELCCG Chief Finance Officer
Cllr Jane Hyldon-King	NELC Portfolio Holder for Health, Wellbeing
Phillip Bond	Deputy Chair, PPI member of Governing body
John Berry	NELCCG (Quality Assurance representing Jan Haxby)
Dr Anupam Sinha	GP Partner and CCG Clinical Lead for Adult Services (Deputising for Dr Ekta Elston)

**Non-Voting Members:**

Saskia Roberts	Medical Director, Humberside LMCs
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**In Attendance:**

Lezlie Treadgold	NELCCG PA to Exec Office
Sophie Hudson	Service Manager Primary Care
Jo Horsfall	NELCCG Finance Support Officer
Julie Wilson	Assistant Director, Programme Delivery & Primary Care, NELCCG
Geoff Day	Head of Co-Commissioning, NHS England
Erica Ellerington	Primary Care Contracts Manager, NHS England

	<u>ITEM</u>	<u>Action</u>
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Voting Members: Jan Haxby (John Berry representing) Dr Ekta Elston (Dr Sinha representing) Stephen Pintus</p> <p>Non-voting members: Sarah Dawson Rachel Singyard</p>	
2.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>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.</p>	

Name	Agenda number	Nature of Interest and Action Taken
Dr Sinha	7	Local GP partner, potentially affected by any decision to secure additional capacity. Left the room for this item
Dr Sinha	14	Lead GP for the practice concerned – will benefit in terms of receiving IT upgrades for the building expansion. Left the room for this item

**3. MINUTES OF THE PREVIOUS MEETING / VIRTUAL DECISION LOG RATIFICATION – 29<sup>TH</sup> JANUARY**

The minutes of the meeting held on the 29<sup>th</sup> January 2019 were agreed as a true and accurate record.

**4. MATTERS ARISING AND ACTION LOG**

The Action log circulated for the meeting was taken as read; an updated version is attached for information.

**GOVERNANCE**

**5. DELEGATED COMMISSIONING AUDIT**

An audit has been undertaken in line with the NHS England national framework for delegated commissioning. This audit covered Part A of the scope - Commissioning and Procurement of Primary Medical Services. The draft report has been shared, but is not yet finalised. The report provides significant assurance, with three recommendations which were:

- Greater clarity between CCG and NHS England in relation to allocation of tasks
- Process to be agreed for managing instances of immediate disruption to services
- GP provider development group terms of reference require updating. This has already been completed.

The final report will be shared at a future meeting once it has been finalised and approved.

**JW**

**STRATEGY**

**6. GP Forward View update**

Julie Wilson presented the attached presentation; the following points were noted:

- International GP recruitment taster weekend went really well and engagement continues with those candidates who have expressed an interest in the scheme. Mark Webb added that there is a scheme called Humber Bond Holders which promotes the Humber Region to the rest of the world, with leaflets, marketing material and all the reasons people should come and live and work here. Their information and marketing material would be helpful to this process.
- Online consultations continue to be rolled out; there was discussion about the impact of these, i.e. how many ultimately require a face to face appointment, and how many receive an alternative response. It was noted that the CCG would achieve 77% coverage of the population by March 2020, if current plans are delivered this year
- There are now 119 trained care navigators. Refresher training has been

	<p>undertaken and a further session is planned to discuss expansion of the alternative services. A query was raised as to whether there is any data on GP time saved as a result of this service. It was agreed that any available data will be brought back to a future meeting</p> <ul style="list-style-type: none"> <li>Correspondence management was initially rolled out in 2017; refresher training is scheduled to take place in 2019</li> <li>Apex Insights workload tool – there have been some technical issues but these are now resolved and the provider is now working with the practices to roll this out.</li> </ul> <p>It was agreed that data regarding the impact of these initiatives, where available, would be useful for future updates.</p>	<p><b>SH</b></p>                      <b>JW</b>
<p><b>7.</b></p>	<p><b>PRIMARY CARE STRATEGY UPDATE (STANDING ITEM)</b> Dr Sinha declared an interest and left the room.</p> <p>Julie Wilson talked through the final draft of the Primary Care Strategy in detail, which has been refreshed over the course of the last few months.</p> <p>The strategy covers a period of 5 years, and sets out the CCG’s vision for general practice services, within the local context of the developing Integrated Care Partnership and Union arrangements. Julie talked through the key issues identified within the local context and case for change, focusing on information regarding access, the workforce data and indicators of general practice quality and performance.</p> <p>The strategy aims to address issues outlined within the case for change through delivering against five main objectives as follows:</p> <ul style="list-style-type: none"> <li>To continue to stabilise general practice services and improve capacity through freeing up GP time and creating efficiencies</li> <li>To continue to develop a workforce that can better respond to the care needs of the population</li> <li>To develop new models of care and the supporting infrastructure that can respond better to the care needs of the population and support improved outcomes</li> <li>To continue to improve access to general practice services for the local population through improving the range of access methods and to continue to improve the quality of services through enhanced quality improvement support</li> <li>To ensure continued investment in general practice services is used to best effect, within the context of primary care networks.</li> </ul> <p>A range of initiatives are set out for each objective, which are aimed at achieving progress towards the vision over the next 5 years, and Julie provided an update to members regarding each objective and the associated initiatives. It was also noted that the objectives within the covering paper are not the most up to date: the main body of the paper and the strategy document itself include the updated version, as described today.</p> <p>Julie then updated the Committee regarding a particular issue that has been highlighted through the development of the strategy; this is the issue regarding current capacity within general practice and whether this is sufficient. There is no single indicator or calculation that would provide a definitive answer as to whether additional capacity is required, and any decision needs to be taken in the round, within the context of local need, and based on the information we have available to us. This information had been outlined as part of the local context and case for change within the strategy document.</p> <p>The CCG’s Care Contracting Committee (CCC) was recently asked to consider the draft</p>	

strategy and specifically the question regarding capacity. It was acknowledged that there are a range of initiatives which should free up capacity and improve ease of access in the coming financial year, particularly the GP contract requirements. It was also acknowledged that capacity in terms of the combined GP and Nurse Workforce is much better than the national average. However, the NHS long term plan and the new GP contract signals that GPs will be required to play a key leadership role within the wider system and will need to continue to see the patients most appropriate for their skills and expertise, as well as overseeing the work of the wider teams. The CCC therefore felt it was important to ensure that there is no deterioration in the rate of GPs per 100,000 population and ideally some improvement in the coming year. They therefore suggested that there is a clear focus on working with practices and PCNs during 2019/20 to gain assurance that there are robust plans in respect of GP retirement and maintaining capacity. The CCC also suggested that this Committee should consider measures that could be adopted to assess progress in the next financial year, and review whether any additional steps need to be taken to improve capacity in 2020. Some potential measures were included within the paper today.

Julie Wilson also noted that there needed to be an addition to the workforce section of the strategy in relation to plans within North East Lincolnshire to work collaboratively across the various sectors to focus more on developing local training and development opportunities for schools and colleges within the area and establishing a local supply. The Committee agreed that this should be added.

The Chair thanked Julie for running through the detail of the strategy. He also summarised that what is being proposed is that there are no plans at this point to commission new additional capacity; in taking this approach, based on the information available, we are saying that the current workforce numbers and the plans to improve access and free up existing capacity are acceptable. However, this will be monitored and reviewed again in April 2020.

In relation to the proposal to share a final draft of the strategy for comment with stakeholders before publishing the final version, the Committee felt that the strategy is a live document anyway, and is subject to change, and that there had been a lot of engagement already. They therefore requested that the final draft be published, subject to adding to the workforce section, as agreed today, and final editing.

**Resolved**

**The Committee approved the final draft strategy and the recommendations from the Care Contracting Committee. The Committee also agreed that the measures for assessing improvement in 2019/20 should be developed and brought back to the next Committee meeting.**

JW

**QUALITY**

**8. PRIMARY CARE QUALITY UPDATE (STANDING ITEM)**

A brief paper had been prepared to update the Committee regarding the results of two recent Care Quality Commission (CQC) inspections at Beacon Medical and Clee Medical practices. The paper was taken as read.

The key aspects to note were that the CCG had undertaken supportive pre-inspection support visits to these practices prior to their CQC inspections. For both practices, their CQC rating was an overall rating of 'Good', and good in each domain, which is an improvement on their previous inspections.

**9. LOCAL QUALITY SCHEME 2019/20**

	<p>Julie Wilson updated the Committee that the Local Quality Scheme has been focused on federations during 2017/18 and 2018/19. As discussions are currently underway amongst federations and practices regarding the Primary Care Networks, there is likely to be a change to the practice groupings for 2019/20. Any new scheme would therefore be considered for alignment to the Primary Care Networks, with a start date of July 2019.</p> <p>Proposals will be brought back to this Committee for approval, prior to any scheme being agreed and offered.</p>	
	<p><b>OPERATIONAL</b></p>	
<p><b>10.</b></p>	<p><b>CONTRACT VARIATIONS (STANDING ITEM)</b></p> <p>Julie updated the Committee regarding a proposed merger of Beacon Medical and Dr A Kumar, which was previously agreed in principle by this Committee, subject to consultation. The intended effective date of the merger had been 1<sup>st</sup> April 2019, but the practices decided to defer these plans due to Beacon Medical CQC's inspection. The CCG is currently awaiting an update from the practices regarding their proposed revised date; an update will be brought back to the Committee when the revised proposal is clarified.</p>	
<p><b>11.</b></p>	<p><b>UPDATE ON GP CONTRACT CHANGES</b></p> <p>Geoff Day delivered the attached presentation regarding the GP contract reforms and explained that this is the most significant reform since 2004, with a 5 year deal and a clear direction of travel regarding the funding flows to primary care contracts.</p> <p>Following the presentation a discussion took place around the makeup of the current federations and how the primary care networks (PCNs) might differ from that. It was noted that there are currently federations in existence that are legal entities; however this is not required of PCNs at present. The PCNs will be the vehicle for the new Network Contract DES and for any other locally commissioned schemes, where it is deemed appropriate to commission those at network level; there will be no commissioning arrangements with federations in future. It will therefore be up to the federations themselves to determine whether they still wish to continue and what their role is in the future. However, it was noted that much of the joint working arrangements agreed between practices as part of federation development should be transferrable to PCNs.</p> <p>Geoff noted that guidance is still emerging regarding some of the issues to be considered in relation to PCNs. The CCGs and the LMC are holding events in each CCG area to support discussion and development of PCNs.</p>	
<p><b>12.</b></p>	<p><b>PRIMARY MEDICAL SERVICES BUDGET SUMMARY (STANDING ITEM)</b></p> <p>Jo Horsfall provided an update regarding the year to date and forecast financial position for the Primary Care budgets for the period ending 28<sup>th</sup> February 2019.</p> <p>There have been no significant changes since the last outturn; however, slight movement in the following was noted:</p> <ul style="list-style-type: none"> <li>• Overall reduction of £43K in the forecast outturn over the total Delegated and CCG Core Primary Care budgets since the M9 report</li> <li>• An increase in the CCG Core Primary Care budget; this relates to funding secured through the ETTF for the Apex Insights workforce toolkit, which the CCG is holding on behalf of the Humber, Coast and Vale STP</li> <li>• A small movement in the underspend for Council commissioned services</li> <li>• £799K underspend in total for the primary care allocation year to date</li> </ul>	

	<p>Laura Whitton provided an update regarding next year's financial position for the Primary Care budgets. It was explained that due to the allocation formula, NEL are deemed to be above their fair share. This results in NEL receiving a lower uplift compared to other areas, in order to move the CCG nearer to the fair share target over time. The average uplift for 2019/20 is 6% and NEL are receiving 4.5%. In addition, the CCG has very recently been notified of the top slice to this budget, linked to the national clinical negligence scheme, which equates to an £852K reduction. As this information was received late, all funding had already been committed and this has therefore created an additional £600K financial pressure to the CCG, which will need to be added to existing savings and efficiencies requirements.</p> <p>This issue has been raised nationally and a collective response from the CCGs within the Humber Coast and Vale area has been discussed regarding these concerns. Laura Whitton agreed to provide an update regarding the outcome of these discussions to the Committee.</p>	<b>LW</b>
<b>13.</b>	<p><b>REQUEST TO CHANGE BOUNDARY – RAJ MEDICAL CENTRE</b></p> <p>Erica Ellerington talked through the details of a request from Raj Medical Centre to change its practice boundary. Since receiving the request, the CCG has been liaising with Raj Medical to offer support and discuss the reasons for the request which seem to be due to capacity issues. They have also requested that approximately 100 patients currently registered that will no longer be within the new boundary are removed from their register. NHS England stated that they would not support this additional request due to the vulnerability of these patients, as they mostly reside in residential homes.</p> <p>A consultation has taken place regarding the change of boundary with no comments received from local practices.</p> <p>The Committee discussed the issue regarding the proposal to remove existing patients from the list and agreed that they would not support this. They agreed with the recommendation to support the request to change boundary, but with the following condition;</p> <ul style="list-style-type: none"> <li>• The patients who are currently registered at the practice who fall outside of the new boundary remain registered. The practice may refuse registration of new patients once the boundary has changed however, to continue to provide services to the currently registered patients means the contractor would not be in breach of their PMS contract (sections 9-15, schedule 5).</li> </ul> <p><b>Resolved</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>The committee approved the request to change the boundary on the condition that all existing patients remain registered.</b></p> </div>	
<b>14.</b>	<p><b>IT BID FOR LACEBY PREMISES EXTENSION</b></p> <p>Dr Sinha declared an interest and left the room.</p> <p>Sophie Hudson provided an update on the Estates and Technology Transformation (ETTF) developments for Primary Care. The NHS England process for the ETTF schemes has been on-going for a number of years. One practice within NELCCG, Dr Sinha's practice, was approved funding under this scheme for an extension and refurbishment of their branch surgery at Laceby and this scheme has progressed to the final stage. This work is about to commence.</p> <p>As part of the detailed work, it has become apparent that the practice will require one-off funding for IT costs associated with the refurbishment, that are not covered within</p>	

NHS England's capital costs. The bid is aimed at ensuring the IT capability matches the building extensions and to improve services for the practice's patients.

The IT developments will be provided at a total one off cost of £18,569 which will support patient check-in screens, patient call in screens, wi-fi, computers, printers, telephones, networking and cables.

The Committee has previously agreed a non-recurrent annual envelope of £48k to support any CCG related costs in relation to ETTF bids.

The Committee was asked to:

- Note the update regarding the refurbishment of the branch surgery at Laceby
- Approve the funding for the IT elements of Dr Sinha's branch surgery extension

**Resolved**

**The committee noted the update and approved the bid for funding for the IT elements of Dr Sinha's branch surgery extension.**

**INFORMATION**

**15. Action Summary Sheet – GP Provider Development (Standing item)**

The paper was shared for information. No questions were raised.

**16. Any other Business**

No other business was raised.

**17. DATE AND TIME OF NEXT MEETING – Primary Care Commissioning Committee**

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