

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)**

**ACTION NOTES OF THE MEETING HELD ON 10/08/2021 AT 11AM**

**MEMBERS PRESENT:**

Mark Webb NELCCG Chair

Philip Bond Deputy Chair, PPI member of Governing body

Margaret Cracknell NELC Counsellor

Lydia Golby NELCCG Deputy Director of Quality and Nursing

**ATTENDEES PRESENT:**

Lezlie Treadgold NELCCG PA to Executive Office

Julie Wilson NELCCG Assistant Director

Rachel Barrowcliff NELCCG Service Manager

Sarah Dawson NELCCG Service Manager

Helen Phillips NHS England representative

Tracey Slatery Healthwatch NEL Delivery Manager

Rolan Schreiber LMC Representative

**APOLOGIES:**

Dr Elston NELCCG GP Clinical Lead

Jan Haxby NELCCG Director of Quality and Nursing

Laura Whitton NELCCG Chief Finance Officer

Jo Horsfall NELCCG Finance Manager

M Webb thanked members and attendees for attending today’s meeting and advised that the meeting will be live streamed to members of the public and recorded for administration purposes. There were no objections to live stream/recording of the meeting.

# APOLOGIES

Apologies noted above.

# DECLARATIONS OF INTEREST

There were no declarations of interest made in respect of todays agenda. It was noted that on-going declarations of interest stood for every PCCC meeting and were publicised on the CCG’s website.

# APPROVAL OF PREVIOUS MINUTES

There minutes from 8th June were approved as an accurate record.

# MATTERS ARISING

Matters arising updated as per the attached.

# VIRTUAL DECISION LOG

The Committee formally approved all papers which were previously approved by the PCCC virtually via email.

# CHAIRS ACTION LOG

There were no chairs actions to note.

# FOR DISCUSSION

1. Primary Care Patient Survey

The results of a national survey which takes place every year. There were some amendments due to changes caused by pandemic. Reports published in July and available in full on link in paper.

* Overall experience of GP practice improved from 80% in 2020 to 83% in 2021 in line with the national average.
* Ease of getting through to GP practice on the phone improved from 63% in 2020 to 66% in 2021 (below 68% national average).
* Helpfulness of receptionists at GP practice improved from 86% in 2020 to 89% in 2021 in line with the national average.
* Ease of use of online services improved from 75% in 2020 to 77% in 2021 (above 75% national average).
* No use of online services in the last 12 months improved from 81% in 2020 to 63% in 2021 (above 56% national average).
* Satisfaction of appointment offered improved from 75% in 2020 to 86% (above 82% national average).
* Patients went to A&E when not satisfied with the appointment offered and did not take it increased from 12% in 2020 to 14% (above 8% national average).
* My practice helped in another way - 27% compared with 18% national average.
* Patients looked for information online when not satisfied with the appointment offered and did not take it improved from 14% in 2020 to 17% in 2021 (above 14% national average).
* Overall experience of making an appointment improved from 65% in 2020 to 72% in 2021 (above 71% national average).
* offered improved from 75% in 2020 to 86% (above 82% national average).

Further actions being taken which will further support access:

* Development of PCN Hubs to provide additional appointments during the week
* Additional capacity within the NHS 111 Clinical Assessment Service to clinically assess patients
* Continued recruitment of additional roles with PCNs, providing additional capacity. Patient comms around these roles being finalised
* New local enhanced service for lower-level mental health needs providing additional capacity within primary care
* Communication around online consultations to raise awareness including through different groups e.g. carers centre. Practice websites reviewed to ensure they clear for patients on how to access online services. The majority of websites are clear and we are working with practices where this could be improved.
* Digital hubs in the community for those who don’t have access to use online services
* When attending A&E (walk in) patients to be given details of online services to contact practice where appropriate
* Extended access appointments in the evenings and on Saturday

PB is pleased but surprised with the results as anecdotal evidence suggests the public struggle to contact GPs and so wonders whether those who are unhappy with the service haven’t completed the survey. SD advised that some practices received positive feedback while others not so positive. The CCG have noticed that although it does take some time to get through to some practices, the caller is places in a queuing system and doesn’t just hear an engaged tone.

LG advised a key action for commissioners to now take is to pull out the element of variation and detail what we are going to do to understand variation. This would enable us to support those who are doing well and share learning with those who aren’t doing so well. We also need to be more proactive around managing expectations especially around getting though to speak to someone on the phone.

# FOR ASSURANCE

1. General Practice Electronic Declaration Report

There were a lot of avoidable mistakes made on the electronic declaration form last year that practices submitted to NHSE. Prior to this year’s submission, the CCG worked with practices to ensure these mistakes weren’t made this year.

Practices are struggling to get PPGs back up and running. It’s suggested that this is looked at, at a PCN level as most practices have at least one member who would be willing to join. As PCNs play a central role in the ICS it would be good to have a patient representative going forward. There is a community rep who sits on the Joint Committee so this may also be a way to link in.

**ACTION: Philip/Mark speak with Ekta before the next PCCC and discuss PPGs and community reps going forward.**

# FOR DECISION

1. Supporting Low Level Mental Health in Primary Care 2021 Onwards

Historically a local enhanced service has provided counselling support for patients registered in a number of practices but not all patients in NEL. The proposal is to utilise existing funding with an additional 293k and recommission the lower-level mental health service at PCN level, providing access to all patients within practices across NEL.

The service would need to deliver against outcomes, but delivery model would be within PCNs remit to develop. Key outcome examples could be improvement of someone quality of life, reduce crisis and wellbeing star improvement.

Comments from the committee include:

* Full support for equity of access for patients
* Its proposed one outcome would be improving pathways
* There will still be a gap in patients receiving support they need; the service will work to identify gap and find ways to reduce this
* It was queried whether this means Open Door would sit under primary care, SD clarified that primary care will have to work with other providers
* It was highlighted that future reports need to include a strengthened notion around the reduced pressure and cost elsewhere in system to ensure we are making the savings needed to fund.

**The PCCC formally approved the recommendation to support the re-allocation of resource to enable an equitable level of access and support to low level mental health support across all practices.**

1. Shared Care Generic Framework

NEL have been working with NL to create a generic shared care framework. We already have a few shared framework services, e.g., mental health. Patients can’t come back to primary care unless a shared care framework is in place. A service specification has been developed, there are various levels to the shared care; level 1,2 and 3.

Once approved, secondary care provider will be required to use ERS system which will be a fail safe for the frameworks so that there is an audit trail. LG added that it needs to be very clear who is responsible for what and how this is being monitored by practices or providers.

Its not clear at present how many patients would be suitable for this service to work out capacity arrangements. Pharmacies will be able to help level 1 and 2.

1. Local Enhanced Services

We commission a number of local enhanced services that go beyond the scope of essential services. Some are across all practices and some at individual practice level. Contract end date is the end of September 2021. Previously we reviewed a lot of the services and amended, extended or decomposed. Remaining services we have left fall into the following groups:

1. Commissioned at practice level and all signed up
2. Commissioned at practice level and some not signed up
3. Commissioned across NEL footprint and available to all patients
4. Small numbers of scheme are commissioned with individual practices for their registered population.

Group 1 and 2 –we plan to continue in their current form and commission until March 2023 at a practice level but where practices are unable to provide, the PCN would ensure delivery.

Group 3 – we would intend to extend to March 2023, exception is extended access.

Group 4 – proposal would be to no longer commission healthy eating service as there are local and national services for these patients

The remaining services will be extended until March 2022 and keep under review. E.g. diagnostic centres

**The PCCC formally approved the recommended changes and extensions as detailed in the report.**

1. Clinical Waste Contract

NHS E/I manage the clinical waste contract on behalf of CCG; NHS E/I are responsible for clinical waste for community pharmacies and CCGs are responsible for clinical waste from GP practices. NHS E/I carry out for CCGs but CCGs hold budget.

Contracts currently in place are legacy contracts and not fit for purpose. NHE E/I looked to procure nationally but due to legal challenge in 2017 the process was paused and never re-started. Now in position where we have multiple providers, not a great service and receive a lot of complaints. Now working with national team looking at challenges we currently face and how we might be able to work with current providers to mitigate against issues and challenges.

Its proposed we issue a direct contract award to current provider of clinical waste services, with up-to-date terms and conditions which will give us more contractual control, whilst same time start planning national procurement for 2023. Enable us to go back in challenge.

It’s been agreed nationally to appoint a managing agent for community pharmacy, who will work with NHS E/Is and the system to look at how we can improve the service and make sure invoices are accurate etc. Managing agent will take on a lot of responsibilities NHS E/I currently dealing with. They will also work with GP practices and pharmacies about segregation of waste.

**The PCCC formally approved to proceed with the 12-month Direct Award with the incumbent Clinical Waste Provider and proceed with the addition of a Managing Agent to oversee the management of the clinical waste contract**

1. Additional agenda item: Dr Babu

Last year Dr Babu submitted a request to add 2 non-clinical partners to his contract; his wife and practice manager as Dr Babu wanted to take his pension. This was approved and they were added. It’s now been requested that his wife and practice manager are removed from the contract.

**The PCCC formally approved to remove Dr Babus wife and practice manager from the contract**

# FOR INFORMATION ONLY

The following papers were noted by the committee:

1. Budget Update
2. NHS E Update
3. ICS Primary Care Update

# ITEMS TO ESCALATE TO THE GOVERNING BODY

There were no items raised for escalation to the Governing Body.

# DATE AND TIME OF NEXT MEETING

Tuesday 12th October 2021

11am