

Approved 5 February 2019

Minutes of a Meeting of the Primary Care Commissioning Committee Held in Public on Tuesday, 4 December 2018 in the Boardroom, Blackpool CCG

Part I

- Present: Mr R Fisher, Chairman
Mr D Edmundson, Lay Member (arrived during 80/18)
Mr C Brown, Lay Member (arrived during 80/18)
Mr D Bonson, Chief Operating Officer
Mr A Harrison, Chief Finance Officer
Dr S Green, GP Member
Dr C Augustine, GP Member
Mrs L Anderson-Hadley, Chief Nurse
- In Attendance: Mr J Gaskins, Deputy Chief Finance Officer
Mrs M Ashton, Senior Commissioning Manager
Mrs L Andrews, Primary Care Commissioning Officer (up to 85/18)
Mrs L Smith, Commissioning Officer (up to 85/18)
Mrs F Ollis, Executive Lead, Lancashire Coastal Medical Committee
Mrs S Bloy, Senior Primary Care Manager, NHS England, Lancashire and South Cumbria
Mr P Tinson, Chief Operating Officer, Fylde and Wyre CCG
Mr P Hargreaves, Head of Estates, Fylde and Wyre CCG (up to 82/18)
Miss L J Talbot, Secretary to the Governing Body
- Public Attendees: Ms S Pimblett, Practice Manager, Elizabeth Street Surgery
Ms L Ramruthan, Business Manager, Elizabeth Street Surgery

The Chairman welcomed everybody to the meeting. He also welcomed Mr Tinson, Chief Operating Officer at Fylde and Wyre CCG who would be attending future meetings of the Primary Care Commissioning Committee.

75/18 Apologies for Absence

Apologies for absence had been received from Dr Rajpura.

76/18 Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda

RESOLVED: That the declarations made by members of the Primary Care Commissioning Committee as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:
<http://blackpoolccg.nhs.uk/about-blackpool-ccg/corporate-information/managing-conflicts-of-interest/>

Dr S Green:

- GP Partner, Newton Drive Health Centre
- Primary Care Advisor to Human Intelligence
- Husband: Jonas Eichofer
 - Consultant Cardiologist, Blackpool Teaching Hospitals NHS Foundation Trust
 - Founder and Director Human Intelligence

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Dr C Augustine:

- GP Partner, Adelaide Street Surgery
- Director, Pharmisense Pharmacy Limited
- Director, The Laurels Medical Services Limited
- Director, ASK Properties Limited (which owns the Comrades Club building, Blackpool)
- Wife: Dr Neelima Augustine
 - GP Partner, Stonyhill Medical Practice
 - Shareholder, The Laurels Medical Services Limited

Dr Augustine also declared a conflict of interest in respect of the item on the agenda relating to Adelaide Street and South King Street – Business Plan Proposal. Dr Augustine would remain in the meeting but would not contribute to the discussion.

Mr Bonson declared an interest relating to the Community Health Services of Blackpool Teaching Hospitals NHSFT, as his partner, Mrs Holt is Director of Adult Community Services and Long Term Conditions. If a specific issue arises during the meeting, a decision would be made at that point as to whether Mr Bonson can remain in the meeting or should be excluded from that particular discussion.

The Chairman asked members of the committee and those in attendance to declare any other interests as relevant during the meeting.

77/18 Minutes of the Meetings Held on 2 October 2018

RESOLVED: That the minutes of the meeting held 2 October 2018 be approved as a correct record.

78/18 Matters Arising

- (a) **66/18(b) – Utilisation of GP Access to GP Follow Up Appointment** – Mrs Ashton would provide further information later in the meeting as part of the extended access service provision update.
- (b) **69/18 Elizabeth Street Surgery Update** – Mrs Ashton would provide an update later in the meeting in respect of Elizabeth Surgery which was included on the agenda.
- (c) **70/18(a) Primary Care Policy and Guidance Manual** – At the previous meeting, Mrs Bloy was asked to highlight changes in the manual via a generic presentation which could be sent out to primary care colleagues. Mrs Bloy informed members that work continued on this and she would share the generic presentation once completed. **ACTION: SB**
- (d) **71/18(b) Contract Variations and Risk Register** – Members were reminded of the update given by Mrs Bloy at the previous meeting that the national contract variation had not been enacted by NHSE and all contracts were currently out of date. Members had been informed that NHSE did not have the capacity to undertake the work and at the previous meeting of the committee, she advised that all CCGs, via their Primary Care Commissioning Committees, would be required to add this to their respective Risk Registers. Mrs Bloy took the comments made at the previous meeting back to colleagues at NHSE as the committee members had expressed their disquiet and disappointment that this had not been resolved outside of the meeting and should not have been raised at a committee meeting held in public. Mrs Bloy informed members that NHSE had since identified a source of funding for a short term post in order that the

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administration around the contracts could be undertaken. Mrs Bloy was asked to pass on the committee's thanks to colleagues at NHSE for this positive outcome.

- (e) **71/18 Intensive GP Retention Scheme Update** – At the previous meeting, Mr Harrison had made reference to the partnership model which would be different across practices and with assistance from the LMC, they could look at the difference in categorisation/levels of partnership models. Mrs Ashton and Mrs Ollis were taking this forward. It was commented that this links to the GP specialist role and good progress was being made around this. Dr Augustine made reference to the GP partnership review that could be developed. Mrs Ollis commented that it had not yet been fully established and it was anticipated that information would be published in January. It was suggested that it could be submitted to the next meeting of the committee to ascertain what is highlighted to be taken forward. Mrs Ollis would bring the information back to the next meeting noting that the February 2019 meeting may be a Committees in Common meeting (Blackpool CCG and Fylde and Wyre CCG). ACTION FO

79/18 Chairman's Communications

There were no issues.

80/18 Primary Care Winter Plan

Mrs Ashton spoke to a circulated report and reminded members that the winter months during 2017/18 were particularly challenging to health services across the Fylde Coast and also nationally with unprecedented numbers of patients presenting at A&E and urgent care treatment centres. This resulted in the health economy having to mobilise and prioritise quickly to manage demand which included asking GPs to work in A&E and children were directed by the urgent treatments centre at Blackpool Victoria hospital rather than through A&E etc. A winter plan had been produced as it has in previous years however, it reflected the pressures that were experienced in 2017/18. The winter plan had been co-produced by all stakeholders to ensure services compliment each other and work together in the most effective way possible.

Members were informed that Fylde Coast CCGs were asked to produce a primary care plan that feeds into the wider winter plan and this was appended with the summary report. The primary care plan covered the following areas:

- GP practices
- Pharmacy
- Self-care
- Communications
- Influenza vaccinations programme
- Extended access service

Some of the plan reflected activity that had been undertaken in previous years however, new actions were also included in the report.

Mrs Anderson-Hadley made reference to the description 2.4 – IV Therapy - which stated that they would review existing capacity and ensure robust communication which is cascaded to general practice to encourage use of spare capacity. She had met with the clinical lead for IV therapy who was taking the communications forward.

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Mr Harrison commented on the number of RAG ratings coloured amber and Mr Tinson informed members that most of the areas had been addressed and were nearing final stages but not all, hence they continued to show amber until completed. He reassured members that priorities had been worked up as not every aspect was undertaken but most were completed.

Mrs Bloy commented that there had been a doubling up on dental and out of hours clinics however, these would be monitored over the Christmas period. Pharmacy provision was also being addressed.

Dr Green sought clarification as to where the primary care winter plan had been reviewed prior to submission to the Primary Care Commissioning Committee. Mrs Ashton explained that it had been taken through the A&E Delivery Board. A primary care sub-group that feeds into the A&E Delivery Board had reviewed the plan. She reminded members that the primary care winter plan had been submitted to both CCG Governing Bodies (Blackpool CCG and Fylde and Wyre CCG) and the ICP Steering Group.

Mr Edmundson and Mr Brown arrived at the meeting

Dr Green commented however, that the primary care winter plan had not been taken through any GP meetings. Mr Tinson commented that it had been tested out with a number of GPs before being sent out. Dr Green commented that it would be appreciated if it could be submitted to practices for comment first and Mr Tinson noted the comments made.

RESOLVED: That members of the Primary Care Commissioning Committee approve the primary care winter plan which provided detailed information and was in line with the broader Fylde Coast winter plan.

81/18 Elizabeth Street Surgery – Care Quality Commission Inspection Report Outcome and Recommendations

Mrs Bloy and Mrs Ashton spoke to a circulated report in respect of Elizabeth Street Surgery and the CQC inspection report outcome and recommendations.

Mrs Bloy explained that the purpose of the report was to outline the findings of the recent CQC inspection at Elizabeth Street Surgery and to outline the proposed way forward in managing the enforcement actions and mitigating risk.

Members were reminded of the background to the CQC announced inspection at Elizabeth Street Surgery on 24 July 2018 following which, the CQC found the practice inadequate in the safe and well-led domains and requires improvement for the effective and responsive domains. The caring domain was rated as good. Overall, the practice was rated inadequate.

The report provided key findings from the CQC inspections. The CQC published their report on 9 October 2018 and placed the practice into special measures for a period of six months. The report provided information on the purpose of the special measures. Members were informed that the CQC will inspect the practice again in six months' time to consider whether sufficient improvements have been made. If insufficient improvements have been made, the CQC will take action in line with enforcement procedures to begin the process of preventing the provider from operating the service. Mrs Bloy informed members that the practice showed signs of improvements immediately and it was decided, therefore, not to issue a remedial notice as the practice was making improvements.

Members were informed that the CCG and LMC had provided support to the practice. The CCG's communications team also ensured that patients were adequately informed.

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Members were informed of the current position and noting that a review of all concerns highlighted by the CQC report had been undertaken with reference to the contractual requirements of the general medical services contract in place with the practice. There were a number of concerns highlighted in the CQC report which cross-referenced directly to contractual requirements and these related to:

- Policies and procedures
- Record keeping
- Clinical governance
- Management of incoming patient health information

In addition to the full inspection report issued by the CQC was the follow up visit report.

Members were informed that the practice had declared full compliance with the areas listed above and on the electronic declaration completed by the practice (December 2017). It was noted that this was not consistent with the findings of the CQC report and in light of the self-declaration completed by the practice, it was proposed that further urgent assurances were sought in relation to contractual compliance and that contractual notices be issued if appropriate action had not been taken by the practice. Contractual notices (remedial notices) will be in addition to any requirements stipulated by the CQC and would be issued by the CCG as the commissioning organisation.

Members were informed that there were no financial implications for the CCG identified at this stage. Mr Brown asked what the impact would be if a practice does not make improvements. If the practice does not meet the requirements stipulated by the CQC, it would result in the CQC registration for the practice being withdrawn. It would also result in the loss of GP services for the practice population. To mitigate this risk, it was recommended to members that continued joint monitoring by the both the CCG and NHSE is established to ensure that the practice meets the CQC requirements.

The report provided three options which were:

- **Option One** – Do nothing and allow the CQC to undertake the follow up inspection with the risk that the practice does not improve adequately which could result in a loss of GP provision.
- **Option Two** - To issue a joint NHSE/CCG improvement plan which is actively monitored with the practice and support provided as applicable. In the event that improvements are not made or not made at the expected speed, the CCG may wish to issue remedial notices at a later date.
- **Option Three** - To issue formal remedial (breach of contract) notices now in relation to:
 - Policy and procedures
 - Record keeping
 - Clinical governance
 - Management of incoming patient health information

Mr Edmundson asked if we were to move Option Two whether there would be various timescales identified. He commented that if the issues do not improve, he would not wish us to be in a position of a further six months of a decline in patients. He asked whether we could issue remedial notices if milestones are not achieved. Mrs Bloy commented that remedial notices can be issued at any time if there are contract breaches. Mrs Ollis commented that the RCGP had visited the previous day and from an LMC perspective, the practice is making improvements. Mrs Ashton commented that from a CCG perspective we need to ensure we have an action plan with milestones and detail built into that. She explained that whilst she was not meeting with the practice directly, there are opportunities to provide input into the process. Mr Edmundson commented that we would need to ensure that the practice is sustainable when support is removed and it was recognised that part of the remit is to make the practice

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sustainable. Mr Harrison commented that as the contract holders we need to monitor and have assurances. He explained that we have a set of criteria and a set of conditions and given that the committee meets bi-monthly, he suggested that delegated powers are given to some members of the committee to approve any decisions if required and report back to the committee accordingly. This was of particular importance as the CCG's primary care team only meet with the practice every three months. Mrs Ollis had sent the updated action plan to Mrs Ashton and work had taken place with the RCGP to amend the dates and milestones. It was recognised that it is the practice's action plan but as a committee and a CCG, we need to agree with the practice and through the LMC, what is deemed as appropriate to monitor. We need to be mindful of the consequences of not achieving the milestones and this may need to be addressed. Mr Brown commented that to his knowledge, the committee had not had sight of the plan. A delegated decision for some committee members would need to be agreed as the committee cannot be assured of the robustness of the plan.

It was suggested that the committee should implement Option Two and then agree how the plan should be monitored. Dr Augustine commented that we needed to be positive and work with the practice and support them. The Chairman reminded members of the committee that the CCG has always wanted to work with the practice to ensure improvements are put in place, further commenting that we were not diverting or changing our position.

RESOLVED: That members of the committee approve Option Two "To issue a joint NHSE/CCG improvement plan which is actively monitored with the practice and support provided as applicable. In the event that improvements are not made or not made at the expected speed, the CCG may wish to reissue remedial notices at a later date".

That the committee give delegated action for some members to approve any decisions that may need to be made in the intervening months where these no committee meetings scheduled. Agreed that the Chairman of the committee (Mr Fisher) and Mr Brown work with Mrs Ashton and Mrs Ollis to ensure milestones are in place and review on a monthly basis. Members of the committee would be updated accordingly.

ACTION: RF/CB/MA/FO

That members receive the CQC reports.

82/18 Adelaide Street and South King Street – Business Plan Proposal

RESOLVED: That the declaration made by Dr Augustine, GP partner at Adelaide Street Surgery be noted. Dr Augustine was permitted to remain in the meeting but would not take part in the discussion.

Mr Hargreaves spoke to a circulated report and reminded members that NHSE had previously financially supported the development of the business case for the Adelaide Street and South King Street Surgery scheme and had engaged with Community Ventures to produce this. Following a discussion with Community Ventures, they advised that an additional five to seven weeks' work was required to finalise the outline business case at a further cost of £29,000. The CCG had been advised in mid-September that the funding that had been agreed with NHSE had since been withdrawn with effect from 7 August 2018. Members of the committee were asked to consider three options for the next steps in respect of the funding issue:

- Option One - CCG fully funds the remaining £29,000 plus VAT.
- Option Two - Adelaide Street and South King Street surgeries fully fund the remaining £29,000 plus VAT.

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- Option Three - The CCG, NHS England and Adelaide Street and South King Street surgeries each pay one third of the total cost, £14,000 each plus VAT. It was noted that NHS England had already paid £12,000.

Mr Hargreaves made reference to plans commenting that following detailed feedback from the Council's planning committee at which the plans were warmly received, there had been significant redesign, the plans finalised and signed off by the project team. They would be resubmitted to the February meeting of the Council's planning committee for full recommendation for planning permission.

Mr Hargreaves made reference to the completion of the business case and the withdrawal of funding at such short notice. It was commented that option three was not an option. NHSE had informed us that the funding they had provided was the final amount. It was recognised that a decision on the outstanding funding in respect of the business case was required as soon as possible given the timescales for submission to the Council's planning committee in February. It was commented that Option One or Option Two would take about six weeks to complete and a workplan would need to be included within the business case. It was noted that originally there was a cost of £41,000. Mr Edmundson commented that Option Three would still be in place minus NHSE, ie, the CCG and the two surgeries pay equal shares of the total cost.

Mr Brown sought clarification on the original agreement with Community Ventures. Mr Hargreaves commented that funding had been withdrawn halfway through the development. Mrs Bloy commented that the business case could have included the costing of the PID but it did not. It was almost an added benefit. Mr Brown sought further clarification as to what had been copied to the practice expressing concern if the CCG had to fund the £29,000 until we had further information around this. Mr Hargreaves commented that there was an evidenced minute of NHSE's agreement to fund the £29,000. Mrs Ashton reminded members that the practices had funded the majority of the scheme and that it would not be fair if the practices were expected to fund the remainder. Mr Gaskins commented that a conversation had been held that the money was committed and that a request had been made to provide information on the utilisation of the £12,000. To date, he had not received a response. Mr Tinson commented that clearly there is an appetite to go back to NHSE on a broken promise. Mr Brown commented that there was no reason why the practice or the CCG should pay. Mr Harrison commented, therefore, that the committee supported the development of the business plan however, the financial headache was due to the change in circumstances at NHSE. He recognised that both practices were caught up in this issue and this would have an impact on patients. Whilst the CCG could fund the outstanding amount to ensure the business case is developed, on behalf of both practices, we should also pursue discussions with NHSE advising them of our concerns that in the past, if a promise is made to a practice then it should be fulfilled however, on this occasion, this was not the case. Mr Harrison further commented that whilst the CCG will pick up the project, NHSE need to make good their promise. It was suggested, therefore, that the CCG should agree to Option One – "The CCG fully funds the remaining £29,000 plus VAT". The Chairman commented that the committee would not wish to stand in the way of the business case being developed and he agreed with Mr Harrison's pragmatic approach. The committee expressed disappointment with NHSE. We need to ensure that the practices are made aware of this and Mrs Ashton and Mrs Hargreaves would ensure that the practices are made aware of the committee's discussion and anxieties. Assurance was given that the issues will be pursued vigorously with NHSE. Mr Brown also commented that in light of the issues regarding contract variations at the previous meeting, it was important that we express our disquiet and disappointment once again to NHSE.

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RESOLVED: That members of the committee select Option A that the CCG fully funds the remaining £29,000 plus VAT but contact NHSE expressing the committee's disappointment that NHSE will not fund this which could delay the progression of the business case. NHSE need to understand that the practices are committed to the project and for NHSE to withdraw funding which had been promised was not acceptable.

Mr Hargreaves left the meeting

83/18 NHS England Update

(a) **Boundary Change Process** – Mrs Bloy informed members that consideration was being given in reviewing how we take forward the process relating to boundary changes. This had been taken through various routes, the process had been streamlined and it would be tested with practices from each CCG and further tested with their respective PPGs. A final draft proposal would be submitted to the committee once the testing was complete.

RESOLVED: That members note the work being undertaken in respect of the process relating to boundary changes.

(b) **Practice Merger Process** – Mrs Bloy explained that following discussions at the September and November meetings of the Lancashire and South Cumbria Primary Care Contracting and Quality Care Forum, a template had been developed with the intention of providing commissioners with the detailed information they require to consider the implications of proposed mergers in relation to their commissioning intentions. Mrs Bloy spoke to a circulated report which presented the final version of the template business case for use in all future GP practice merger applications for all CCGs areas across Lancashire and South Cumbria.

Mrs Bloy informed members that NHSE had published the Policy Book for Primary Care in January 2016 which provided commissioners with guidance on the processing of primary care contractual management and changes. In 2017, NHSE released the Primary Care Medical Care Policy and Guidance Manual which expanded the Policy Book guidance and also included the templates for commissioners to use when using a range of contractual changes. Commissioners had been advised that they could develop these templates further to ensure that they are gathering the information they require to consider proposed contractual changes including boundary changes, list closures and practice mergers.

NHSE and CCG primary care leads had reviewed the headings and questions within the template business case for practice mergers (appended to the report). The changes provided further information and clarification regarding certain aspects of a proposed GP practice merger and would enable commissioners to assess the impact and implications of a practice's proposals.

The policy described the process to determine any contract variation whether by mutual agreement or required by regulatory amendments to ensure that any changes reflect and comply with national regulations so as to maintain robust contracts. Mrs Bloy informed members that the application meets all relevant regulatory requirements and is consistent with the Policy Book for Primary Medical Services. The policy context in relation to primary contract changes was also appended to the report.

Mrs Bloy informed members that the template is practical for practices to complete and had been tested with the LMC and practices. Mrs Ollis welcomed the template commenting that the LMC will work through the template with GP practices should they require assistance. Mrs Bloy gave assurance that support through the LMC is available.

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Mr Tinson questioned the due diligence and Mrs Bloy commented that it was more than financial and was also contractual and she suggested that a checklist could be included.

Mr Edmundson sought clarification as to who was responsible in leading the merger and Mrs Bloy commented that the practices would be responsible. He asked who held the ring around this and Mrs Bloy commented that meetings are held with the practices and they work through the checklist.

RESOLVED: That members of the committee approve the final draft template business case for use in all future GP practice merger applications in Blackpool.

- (c) **Quarterly Contract Changes** – Mrs Bloy spoke to a circulated summary report which provided information on contractual changes effective in the previous quarter, ie, July 2018 to September 2018 where contract variations had been processed to reflect change to a practice’s existing contract.

RESOLVED: That members receive the report

84/18 Extended Access Service Provision Update

Mrs Andrews spoke to a circulated report and reminded members that the general practice forward view published in April 2016 set up plans to enable CCGs to commission and fund additional capacity across England. This would ensure that by 2020, everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand. Extended access provision was included within the scope of the primary urgent care contract which was awarded to Fylde Coast Medical Services and commenced on 1 September 2017. Mrs Andrews took members through the report which covered the current position across the Fylde Coast, utilisation and the next steps.

Members were informed that from 24 September 2018, the service has been fully operational over three sites across the Fylde Coast - at Whitegate Drive Blackpool, Freckleton Health Centre and Fleetwood Health and Wellbeing Centre. The report provided details on opening times of the service across the Fylde Coast footprint. Members noted that the 111 service is also able to direct patients to the service but could not yet book patients directly in however, patients will be able to be booked directly into the service in the near future once a technical solution has been acquired.

The CCG Chairman, Mr Bonson and Mrs Ashton had recently attended Blackpool Council’s Health Scrutiny Committee. A Councillor had commented that they had not been offered an alternative service when they could not make an appointment, therefore, it was accepted that there should be a “mystery shopper” who would request an appointment and determine if they were offered an alternative appointment within the extended access service. Mrs Ashton commented that there had been a lot of positive comments and patients were supportive of the practices.

Mr Edmundson asked if patients are aware who to contact during out of hours and it was explained that this is conveyed via the GP practice answerphone. A bigger piece of work relating to communications would be conveyed via the winter plan.

RESOLVED: That members of the committee note the contents of the report and note the reporting of the two actions which were recommended by the Adult Social Care and Health Scrutiny Committee, ie:

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- **CCG/PPNG to arrange a mystery shopper to ensure practice staff are informing patients of the extended access services available both in hours and out of GP practice hours.**
- **Patient online service – Request for a prompt be added to the patient online booking service to ask patients to contact the extended access service for an appointment if the online service shows there are no available bookable appointments with their GP.**

85/18 QOF Achievement 2017/18

Mrs Ashton spoke to a circulated report which provided an update on the primary care quality and outcomes framework (QOF) achievements for 2017/18. Members were reminded that 2017/8 QOF measured achievement against 77 indicators, practices scored points on the basis of achievement against each indicator and up to a maximum of 559 points. The value of a QOF point in 2017/18 was £171.20 which was an increase of 3.6% compared to 2016/17. Mrs Ashton and Mrs Smith took members through the graphs and the spreadsheets contained within the report along with explanations of the results. Discussion ensued regarding the top four clinical domain groups along with clinical prevalence percentage rates and clinical exception percentage rates.

Members were informed that the maximum points available by domain were 559 points in the areas of clinical, public health and public health additional services. The CCG average achievement was 551 compared to England's average of 537.5 and Blackpool practices had achieved greater than 90% in all domains. The final published achievements for Blackpool practices were appended with the report.

Mr Edmundson made reference to statistics historically for seaside towns commenting that there used to be classifications and he asked if the information was still available. The Chairman also commented that the Council has some similar information and Mrs Ashton would check outside of the meeting. It was commented that Sunderland is one area in this respect which relates to classification and formulas. Mr Bonson made reference to RightCare commenting that we are matched with other areas rather than seaside towns. It was important that we understand why a third of the population in Marton is not receiving cervical screening and this would need to be checked. It was recognised however, that QOF cannot pick up all aspects and it was also noted that the CQC picks up issues in other areas. **ACTION: MA**

RESOLVED: That members of the committee receive the report.

Mrs Andrews and Mrs Smith left the meeting

86/18 Process for GP Practice Protected Learning Time Closures

Mr Tinson informed members that discussions had been held at a recent meeting of the Joint Executive Management and Deputies Team regarding the current process in respect of approvals of GP practice protected learning time closures. The Team recommended that current processes be amended so that the Executive Lead for integrated primary and community care be given authority to consider the applications on behalf of the Team. In the absence of the Executive Lead, applications would be considered by another Executive Director. Mr Tinson had taken this proposal to the Fylde and Wyre CCG Primary Care Commissioning Committee in October which was subsequently agreed. Mr Tinson assured members that once the request had been submitted to him, it would be reported to the committee accordingly. A question was asked as to whether protected learning time could be reviewed and what is funded and what is not as it was important that we align contracts. Mr Tinson noted the comment made and would bring back to the committee in due course. **ACTION: PT**

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RESOLVED: That members approve the revised process for GP practice protected learning time closures approval noting that further information will be submitted to the committee in due course.

87/18 Items for Inclusion on the Risk Register

There were no further items for inclusion.

88/18 Any Other Business

There were no issues.

89/18 Date, Time and Venue of Next Meeting Held in Public

The schedule for meetings for 2019/20 was currently being drawn up and members would be advised of date, time and venue of the next meeting in due course.

ACTION: LJT

EXCLUSION OF THE PUBLIC

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

(Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

The meeting closed.

Minutes approved as a correct record.

CCG Chairman **Date**