

Subject to Ratification at the Next Meeting

**Minutes of the Primary Care Commissioning Committees in Common
 NHS Blackpool Clinical Commissioning Group and
 NHS Fylde and Wyre Clinical Commissioning Group
 Held in Public on Tuesday 3 December 2019
 in the CCG Boardroom, Stadium, Seaside's Way, Blackpool**

Part I

- Present: Mr R Fisher, CCG Chairman, (Chaired the meeting)
 Mr D G Edmundson, Lay Member (Governance)
 Mrs H Williams, Lay Member (PPE)
 Mr C Brown, Lay Member
 Mr A Harrison, Chief Finance Officer
 Dr I Stewart, Secondary Care Doctor
 Dr N Hartley-Smith, Clinical Director
 Mr P Tinson, Chief Operating Officer with responsibility for Primary and Community Care
 Ms C Lewis, Acting Executive for Governance, Patient Safety and Risk
- In attendance: Mr K Toole, Lay Member, Fylde and Wyre CCG (Chaired Fylde and Wyre CCG items as relevant)
 Mr M Nuttall, Lay Member, Fylde and Wyre CCG (Governance)
 Mr J Gaskins, Deputy Chief Finance Officer
 Mrs F Ollis, Executive Lead, Lancashire Coastal Medical Committee
 Mrs J Harrop, Head of Primary and Community Care Design
 Mrs M Ashton, Senior Commissioning Manager, Primary Care
 Mrs E Phillips, Commissioning Manager, Primary Care
 Mrs L Andrews, Primary Care Commissioning Officer
 Mrs L Hasler, NHS England
 Miss L J Talbot, Secretary to the Governing Body, Blackpool CCG

1. Apologies for Absence

Apologies for absence had been received from Dr B Butler-Reid and Mrs S Bloy. It was confirmed that the committee was quorate.

2. Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda

Dr N Hartley-Smith declared an interest in agenda item 5 as a GP at Bloomfield Medical Centre. Mrs J Harrop and Mrs H Williams declared interests in agenda item 5 as patients registered at the practice. The Chairman determined that the item was an update only and the members could remain in the room and participate in the discussion.

The Chairman asked members of the committee to declare any interests that may arise as relevant during the meeting.

3. Minutes of the meeting held on 1 October 2019

The minutes of the meeting held on 1 October were approved as a correct record.

4. Matters Arising/Review of Action Sheet

Mike Nuttall joined the meeting.

Memorandum of Understanding

Members received the letter of response from NHSE/I and noted the contents. A comment was made that whilst the CCG and NHSE/I were working collaboratively to support co-commissioning, the funding remained with NHSE/I and their support should not reduce despite the reduction to the NHSE/I team as a result of system wide change.

PCCC Terms of Reference – Appointment of Registered Nurse Member on the Governing Body

R Fisher advised that a Director of Nursing and Quality had been appointed to work across the Fylde Coast CCGs with effect from 1 March 2020. They would also undertake the role of Registered Nurse on the Governing Body and was a member of the Primary Care Commissioning Committee of each CCG.

Primary Care Medical Care Policy and Guidance Manual

As discussed at the last meeting, it was confirmed that the Primary Care Commissioning Committee were required to adhere to this Policy with guidance/advice from NHSE. A Harrison advised that the amended wording was awaited from NHSE and L Hasler agreed to follow this up. P Tinson added that there was an ICS wide Primary Care Board meeting on Thursday 7 December and he would raise the matter at this meeting.

Action: L Hasler/P Tinson

Chris Brown joined the meeting.

Risk Register

It was reported that the Risk identified as IPCC03 had been reassessed and was now low-rated.

Primary Care Quality Workshop

It was noted that a Task and Finish Group had been set up across some of the Lancashire CCGs to consider the contents of a primary care dashboard which will be received at a future meeting.

5. **Blackpool CCG – Bloomfield Medical Centre and Grange Park Health Centre Merger Proposal**

M Ashton advised that further to the discussion at the last meeting, she had met with the Blackpool CCG Chairman/Committee Chairman to review the patient feedback from the listening events at Bloomfield Medical Centre and Grange Park Health Centre as part of the merger process. The feedback was very positive and the patients were pleased that the service will continue. Confirmation had also been received from Bloomfield Medical Centre as to how they would ensure that clinical provision and staffing was maintained. The Chairman was satisfied with the response and the two practices had merged with effect from 1 November 2019.

6. **Primary Care Networks**

J Harrop presented an update on the development of Primary Care Networks. This included an update on CCG staff supporting PCNs, development of PCN plans and description of the PCN DES Service Specifications. In order to identify more detail of the support required by each PCN, interviews had taken place with each of the PCN Clinical Directors and a report prepared which identified the following six themes and suggested actions:

- Leadership and Corporate Governance
- Population Health Management and Care Models
- Empowering People and Communities
- Care Delivery and Clinical Governance
- Resource Management
- Provider Collaboration

Discussion took place about a number of issues raised in the presentation. Comments were made about the level of financial resource available to PCNs, the infrastructure required for a PCN and the level of support that CCGs could realistically provide. Discussion also took place about lines of accountability. In conclusion it was suggested that an invitation be sent to a PCN Clinical Director to attend a future PCCC meeting.

Action: J Harrop/K Oddie

RESOLVED: That the Committee received the update.

7. Primary Care Transformation Planning

E Phillips presented the slides and advised that the key IPCC primary care products would be developed via IPCC and brought to the Committee for review and comment. An update was provided on the current position regarding the Primary and Community Care Estates Strategy, Workforce Plan and Access Plan and the next steps. Members were asked to be mindful that the plans were 'live' and would continue to be refined as the work progressed.

Reference was made to workforce and a question was asked as to whether national priorities had been taken into account as this would result in a need for additional staffing. It was confirmed that the document included national actions detailed in the GP Forward View and NHS Long Term Plan and also the aims set out in the ICS PC strategy to strengthen recruitment, retention and resilience. In terms of the ICS planning return the aim was to at least maintain current levels.

Discussion took place about recruitment and retention issues in Blackpool, Fylde and Wyre and questions were asked about recruitment initiatives locally. Dr Hartley-Smith confirmed that there had been local recruitment drives however there was a need to be creative and appealing to the workforce. Work had been taking place with Blackpool Teaching Hospitals on various initiatives including GP specialists working 50% in primary care and 50% in a hospital, GP and nurse rotation and the development of a nurse practitioner training programme, however, there had been a lack of progress due to other pressures at the Trust. More nurse practitioner posts were being created in primary care, however, this was creating staffing issues in other areas.

The Committee requested that the debate with the Trust about taking forward these recruitment and retention initiatives should be resurrected via the Integrated Care Partnership and Fylde Coast Executive meetings.

Action: P Tinson/Clinical Directors

With regard to the Access Plan, members were advised that there were national requirements in terms of advances in digital access including online/video consultations. The CCGs were working with practices to pilot various methods of online consultations and access in order to improve the patient experience, however, the technology and IT infrastructure were major barriers to progressing this. Issues experienced had been fed back to the national team and the local Head of IM&T. The committee would be kept updated on this matter.

RESOLVED: That the Committee received the update.

8. Extended Access Service Provision

E Phillips presented an update on the Extended Access Service. This included utilisation at all four locations, information on the communications and engagement plan to improve utilisation and developments for 2020/21. It was recognised that the communications and engagement plan must remain an ongoing action and be carried out using a wide variety of methods.

Members considered the utilisation figures and highlighted areas where there was capacity particularly at Whitegate Drive Same Day Health Centre. Comments were made about the number of DNAs and the need to use technology better, for example, texting reminder appointments. However it was recognised that this was not applicable to all the population, particularly frail and elderly patients who may not access the service in this way. It was noted that the most unused appointments were for 'HCA' and 'nurse' rather than 'GP'. It was suggested that it would be useful to analyse feedback to determine if the professional/individual seen at the time was the most appropriate for that consultation.

Action: M Ashton

Members were informed that GP Practices were provided with a core brief and information leaflets promoting the service. In addition training for reception staff will be included in the GP Enhanced Contract in 2020/21.

RESOLVED: That the Committee noted the contents of the report.

9. **Enhanced GP Contract Internal Process**

E Phillips presented a draft internal document which set out the end of year process for the Enhanced GP Contract and responsibilities of the various stakeholders. Comments were invited and some differences in the process for each of the CCGs were highlighted.

It was noted that the proposed timescales would need to be reviewed in line with the frequency of meetings of the Primary Care Commissioning Committee.

RESOLVED: That the Committee approved the contents of the document, subject to a review of the timescales.

10. **Enhanced Quality Contract 2020/21**

M Ashton presented an update on the development of the Enhanced Quality Contract for 2020/21 as follows:

- New context
- Current service specification
- Reflections on 2019/20
- ICS comparison
- Future direction for 2020/21
- Development and engagement timeline

Discussions had taken place with colleagues in primary care on what worked well in 2019/20 and what could have worked better. Feedback received included a request for more focus on prevention and a choice of KPIs to enable practices to focus on issues relevant to their demographics. The development and engagement timeline was shared and it was confirmed that there will be patient engagement via the Patient Participation Groups.

RESOLVED: That the Committee received the update.

11. **Practice Closure Requests Report**

L Andrews presented an update on practice closures for protected learning time, across the Fylde Coast for the previous 12 months. There had been one additional closure application since the report was prepared. The new process for applications, described at the last meeting, was now in place ensuring a consistent approach for all practices across the Fylde Coast.

In November 2019, the first joint meeting of the Fylde and Wyre CCG Council of Members and Blackpool CCG GP Link meeting took place. It was expected that this arrangement would continue periodically going forward.

RESOLVED: That the Committee noted the practice closures over the previous 12 months.

12. **Quality and Outcomes Framework (QoF) Update**

L Andrews presented the Quality and Outcomes Framework Achievements (QoF) for 2018/19. The QoF contained the following three main components (domains): Clinical; Public Health; and Public Health – Additional Services. Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement.

The two CCGs combined achieved an average of 552 points in 18/19 compared to 548 in 17/18 which was an increase of 4 points. A number of practices achieved 100% and the lowest % achievement was 91.39%. Further information by practice was provided including a detailed breakdown for Cardiovascular Disease and Respiratory Conditions. The information included the prevalence and the exception rates by practice. Members expressed an interest in receiving further information on expected prevalence based on demography and it was suggested that a presentation on Nexus Intelligence be provided at a future meeting.

Action: A Harrison/S Bond

RESOLVED:

That the Committee received the report.

13. Mersey Internal Audit Agency (MIAA) – Internal Audit Review Outcomes

E Phillips presented the outcomes of the Internal Audit Review of Primary Medical Care Commissioning and Contracting: Governance (September 2019). The outcome of the review was ‘Substantial Assurance’ for both CCGs. A summary of the recommendations arising from the review were presented including the CCG’s response. A second review: Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions Review was due to commence in January 2020.

With regard to recommendation (1) ‘That the minutes of the Primary Care Commissioning and Quality Forum (NHSE) should be provided to the PCCC for information’, it was suggested that the minutes be provided to both the PCCC and the Quality Improvement and Engagement Committee for information and each committee be asked to take a view on which was the appropriate committee to receive them in future.

Action: L Talbot/P Bowling

RESOLVED: That the Committee received the report.

14. Primary Care Commissioning – Finance Report

J Gaskins updated the Committee on the financial position of the Primary Care budgets for both Fylde and Wyre and Blackpool CCGs as at month 07 (October 2019).

The Fylde and Wyre CCG position was a cumulative underspend of £67k. Prescribing was overspending by £254k; an increase in prescribing for cardiovascular and DOACs (Direct Oral Anticoagulants). Co-commissioning showed an overspend of £190k which predominantly related to the premises change for Poplar House surgery.

The Blackpool CCG position was a cumulative underspend of £133k. Prescribing was overspending with an increase in cardiovascular and DOACs prescribing being the main factors behind an overspend of £139k.

Additional detail on the spend on Local Enhanced Services was provided.

RESOLVED:

That the Committee noted the Primary Care financial position as at month 7 for both CCGs.

15. Primary Care Data Gathering

J Gaskins advised that the lack of high quality data remained a significant barrier to information decision making and estates transformation. In light of this, the NHS Property Board had supported the formation of a workstream to address the need for primary care data, working alongside NHSE/I. The outcomes, benefits, approach and timescales for this national programme were provided. It was noted that prior to collecting data for the entire primary care estate a pilot wave of 10 STPs would be conducted.

RESOLVED:

That the Committee received the outline of the programme and supported this taking place across the Fylde Coast as and when appropriate.

16. Quarterly Contractual Changes Summary

Members received the report on contractual changes effective in the previous quarter (July to September 2019). There were no changes to report for Blackpool CCG. For Fylde and Wyre CCG there was one partnership change and one closed list reported.

