

PRIMARY CARE COMMISSIONING COMMITTEE

MEETING:	Seventeenth Meeting in Public of the Primary Care Commissioning Committee
MEETING DATE:	Thursday 21 December 2017
VENUE:	Board Room, Health Place, Brigg
TIME:	16:15

PRESENT:

NAME	TITLE	SERVICE/AGENCY
Ian Reekie (<i>IR</i>)	Chair/CCG, Lay Member Joint Commissioning	NHS North Lincolnshire CCG
Ian Holborn (<i>IH</i>)	Chief Finance Officer	NHS North Lincolnshire CCG
Catherine Wylie (<i>CW</i>)	Director of Quality & Nursing/Nurse Member	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</i>)	GP Member	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (<i>RJF</i>)	Director of Primary Care	NHS North Lincolnshire CCG
Erika Stoddart (<i>ES</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Dr Margaret Sanderson (<i>MS</i>)	Chair NLCCG	NHS North Lincolnshire CCG
Richard Young (<i>RY</i>)	Director of Commissioning	NHS North Lincolnshire CCG
Janice Keilthy (<i>JK</i>)	Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Geoff Day (<i>GD</i>)	Head of Co-Commissioning	NHS England – North (Yorkshire and the Humber)
Dr Wendy Barker (<i>WB</i>)	Deputy Director of Nursing	NHS England – North (Yorkshire and the Humber)

IN ATTENDANCE:

NAME	TITLE	SERVICE/AGENCY
Julie Warren (<i>JW</i>)	Turnaround Director	NHS North Lincolnshire CCG
Pete LeQuelenec (<i>PL</i>)	Business Manager/Secretariat	NHS North Lincolnshire CCG
Sara Brine (<i>SB</i>)	Head of New Models of Care	NHS North Lincolnshire CCG
Erica Ellerington (<i>EE</i>)	Primary Care Contracts Manager	NHS England – North (Yorkshire and the Humber)

APOLOGIES:

NAME	TITLE	SERVICE/AGENCY
Emma Latimer (<i>EL</i>)	Interim Accountable Officer	NHS North Lincolnshire CCG
Heather McSharry (<i>HMcS</i>)	CCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Amalia Booker (<i>AB</i>)	Director of Operations	LMC

SUMMARY OF DISCUSSION

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1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
<p>IR welcomed all attendees to the seventeenth meeting 'in public' of the Primary Care Commissioning Committee. It was noted that the meeting was a meeting in public, and not a public meeting, therefore there was no public question time as part of the agenda.</p> <p>IR welcomed JW to her first meeting in her role of Turnaround Director. Apologies were noted, as detailed above.</p> <p>It was noted that the meeting was quorate to proceed.</p>	Decision: Noted	Chair

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2.0 DECLARATION OF INTERESTS		
<p>IR invited those with any Declarations of Interest in relation to any item on the agenda of the meeting members are reminded of the need to declare:</p> <p>(i) any interests which are relevant or material to the CCG; (ii) Any changes in interest previously declared; or (iii) Any financial interest (direct or indirect) on any item on the agenda</p> <p>Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:</p> <p>(i) the name of the person declaring the interest; (ii) the agenda item number to which the interest relate; (iv) The nature of the interest;</p> <p>He added that any declarations were to be declared under this section and at the top of the agenda item which it relates to.</p> <ul style="list-style-type: none"> • MS declared an interest in Item 6.0, General Practice Prescribing Spend as she is a senior partner of Trent View Medical Practice. • AL declared an interest in Item 6.0, General Practice Prescribing Spend as he is a senior partner of West Common Lane Teaching Practice. • MS declared an interest in Item 8.0, Single Point of Dispensing as she is a senior partner of Trent View Medical Practice. 	<p>Decision: Noted</p>	<p>Chair</p>
3.0 MINUTES OF THE MEETING HELD ON 19 OCTOBER 2017		
<p>The minutes of the meeting on 19 October 2017 were accepted as an accurate record of the meeting, with the following amendment:</p> <p>Insert RJF's details into the apologies section of the minutes.</p>	<p>Decision: Noted</p> <p>Action: To be inserted Action completed</p>	<p>Chair</p> <p>PL</p>
4.0 PRIMARY CARE PERFORMANCE DASHBOARD		
<p>RJF presented the 'new look' dashboard, adding that the new format was believed to be the best way ahead for the presentation of information. He added that all information needed to be taken in conjunction with other parameters and not just as a single concern as the collective give a healthier picture.</p> <p>The dashboard gave some updates to data provided from the last report in August 2017. These include:</p> <ul style="list-style-type: none"> • F&F Test and GP survey – no update available until Jul 18 • Patient Online had been updated with July 2017 data – from January 2018 all GP staff will be offered training • QOF updated with 2016/17 data • Public Health England - Seasonal Flu Vaccination programme (2017/18) statistics were included – more information at the next meeting • GP incident reports on the QIR form • CQC Ratings – two practices concerned are due another inspection in the near future • Prescribing – from 2018/19 all practices will be using Optimise Rx 		

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<p>It also contained the first data completion of the GP Practice Level Quality Monitoring Dashboard (PLQMD) (format adopted from Hull version identified as good practice). Business Intelligence and Primary Care had adopted the format provided, and populated some of the data fields, acknowledging that there needs to be further work to establish appropriate data sources and quality once the PCCC was confident the document met their needs in regard to format and content.</p> <p>Appropriate data sources were being sought for Bowel Screening and Retinal Screening. In addition, there was some further work required to identify which Childhood Immunisations and Vaccinations should be included, given the extent of the programme.</p> <p>It was noted that this was not a whole dashboard and it was thought that this would all come together at the new Quality, Performance & Finance committee.</p> <p>ES commented that there was a need to undertake some triangulation work to pick out specific practices.</p> <p>GD felt that it was not appropriate to go through such detail at the PCCC, but instead produce a summary sheet, to save the need to wade through all of the report. Perhaps spend more time in the private part of the meeting if needed. He added that it was better for data to be picked up via soft intelligence rather than through reports</p> <p>Decisions:</p> <ul style="list-style-type: none"> • PCCC were asked to note Primary Care Dashboard November 2017. 	<p>Decision: Noted</p>	
5.0 FINANCE REPORT		
<p>IH presented the paper.</p> <p>The report which detailed the Year To Date (YTD) financial performance of all the Primary Care Budgets from April to November 2017 (i.e. Month 8 of 2017/18), along with details of a Forecast Out-turn.</p> <p>IH advised that the situation was still the same as the previous three months and that all LES/DES matters were being discussed at the Execs meetings.</p> <p>JW commented that £3m was a big amount of money against prescribing, to which JK added that she hoped that actions were being taken to address the situation.</p> <p>It was confirmed that there was an action plan in place to deal with the whole prescribing issues.</p> <p>The committee was requested to:</p> <ul style="list-style-type: none"> • Note and receive the report 	<p>Decision: Noted</p>	

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<ul style="list-style-type: none"> Note that a separate report on this agenda was dealing with the first specific Budget area where unwarranted variation in performance was being investigated (i.e. Prescribing). Note that any further breakdown in Practice level figures (e.g. to provide a comprehensive view of Practice Performance in Primary Care in particular - with or without Practice usage of secondary care resources), would need to go to a subsequent Private meeting of the Committee, because of the commercial sensitivity of the information. 	<p>Decision: Noted</p> <p>Decision: Noted</p>	
<p>6.0 GENERAL PRACTICE PRESCRIBING SPEND</p>		
<p>It was agreed that MS and AL, who had previously declared their interest in as senior partners of CCG member practices, be permitted to fully participate in consideration of this item.</p> <p>IH presented the paper and started by congratulating Bill Lovell and the Medicine Optimisation Team for a very in depth and complex report.</p> <p>ES asked what the sanctions were if a GP practice overspends on its prescribing budget.</p> <p>JW commented that no contractual levers were available and instead of things being 'hard and fast' more work must be done with the practices.</p> <p>AL added that other variables come into account and must be factored into any decisions.</p> <p>Prescribing spend by individual practices – AL gave an update on why there are significant changes in prescribing expenditure compared to last year. It was noted that The Birches numbers had dropped by 500 while their list was closed.</p> <p>IH gave an update on year on year summary variance analysis and added that with Optimise Rx it was a far better pricing and quality element.</p> <p>JW queried why some practices are finding it easier than others; there is a need to seek answers from all the practices.</p> <p>RJF stated that he wanted practices to feel that Optimise Rx was a useful tool and get NECs to advise the practices on the best way ahead.</p> <p>Both JW and JK added that there was a need for an action plan to tackle unwarranted variation in prescribing spend. AL made a comment that there was a need to look at the deprivation levels in the different areas of North Lincolnshire that each practice covers and that this needed to be taken into consideration.</p> <p>Decisions:</p> <p>The Primary Care Commissioning Committee agreed to:</p> <ul style="list-style-type: none"> Note the data for prescribing spend by individual practice. Call for an action plan to be developed to address unwarranted variation in GP practice prescribing 	<p>Decision:</p> <p>Agreed</p> <p>Agreed</p>	

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7.0 PRIMARY CARE TRANSFORMATION FUNDING		
<p>EE presented the paper.</p> <p>The NHS Operational Planning and Contracting Guidance 2017-2019 required the CCG to make available a sum of £3 per head of population for general practice transformational support over the financial years 2017/18 and 2018/19.</p> <p>This investment could have taken place over two years however, as determined by the CCG, all the investment will take place in 2018/19.</p> <p>The investment is designed to be used to stimulate:</p> <ul style="list-style-type: none"> • development of "at scale" providers for improved access • implementation of the 10 high impact actions to free up GP time https://www.england.nhs.uk/expo/2016/11/14/releasing-time-for-care-10-high-impact-actions-for-general-practice-dr-robert-varnam/ • sustainable models of general practice at scale <p>The aim is to ensure that all practices have the opportunity to access funding in 2018/19 to support them in making the necessary changes to how primary care is delivered, although proposed initiatives will require a minimum of 30,000 patients thus requiring practices to work together to develop and submit bids.</p> <p>In order to provide an adequate timeframe for proposals to be worked up effectively, communication will go out in early January 2018 with an approximate two month turnaround for submission of proposals (end February 2018).</p> <p>The following 4 points are suggested to be used as a basis for the minimum criteria to bid against the funding. These criteria will ensure that potential investment meets requirements and aspirations of the General Practice Forward View;</p> <ol style="list-style-type: none"> 1. development of at-scale providers for improved access (30,000 patients minimum) 2. stimulation 10 high impact actions to free up GP time 3. support transformation to secure sustainability of general practice 4. new ways of working to support the development of the extended access model <p><u>Approval Mechanism</u></p> <p>Following receipt of proposals, a committee will need to be set up to review and agree investment. It is suggested that the committee will comprise of;</p> <ul style="list-style-type: none"> • Director of Primary Care 		

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<ul style="list-style-type: none"> • GP Board Member • CCG Quality representative • CCG Finance representative • NHS England <p>The group will agree in principle the investment and make a recommendation to the Primary Care Committee for formal approval.</p> <p>IR commented that the chair of the PCCC should be on any approval committee.</p> <p>JW added that she had already had conversations with RJF around the 30,000 patients requirement, which she thought could be quite challenging. The Care Networks are 50,000 plus and the question was raised whether the CCG should seek bids on a whole Care Network basis or stick with the minimum 30,000 patient population as recommended in the paper. The issue raised was that if the CCG opted for the latter, it would mean that some practices may well miss out.</p> <p>Council of Members (CoM) had already made a point that it should include the whole of North Lincolnshire.</p> <p>It was agreed that a Task & Finish group was required to complete the work and that the monies should go to the Care Networks across North Lincolnshire.</p>	<p>Decision: Approved</p>	
8.0 POINT OF DISPENSING COUNSELLING AND INTERVENTIONS SERVICE		
<p>MS had previously declared an interest in this item due to being a senior partners in a dispensing practice. However following clarification that the initiative was aimed primarily at community pharmacies rather than dispensing practices it was agreed that MS could participate fully in discussion of the item .</p> <p>GD presented the report.</p> <p>The purpose of the report was to set out proposals to commission a Point of Dispensing Counselling and Interventions Service within Community Pharmacies aimed at improving concordance with medication and reducing medicines wastage and to gain approval for the service to commence 1st March 2018.</p> <p>The aim of this scheme is to reduce the burden of waste medicines within North Lincolnshire, which has far reaching implications both financially and in terms of harm and health outcomes for patients in the area:</p> <ul style="list-style-type: none"> • To reduce the number of unwanted medicines dispensed and 		

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<p>therefore wasted, by not dispensing items not required by the patient</p> <ul style="list-style-type: none"> • To notify the prescriber when an item prescribed has not been dispensed • To promote, support and encourage good repeat/ prescribing practices with patients and GP practices • To highlight over or under usage of medicines to the prescriber • To inform the prescriber whether the continued supply or non-supply of items would be considered clinically significant • To highlight prescribing inefficiencies to the prescriber • To reduce unnecessary prescribing costs <p>The service will reimburse pharmacies for spending additional time with patients at the point of collecting their medication to check whether all their medicines are still required. This level of intervention is above the level currently required and funded by the core national contract and pay for a small % of the profit lost on non-dispensed drugs based on the national average.</p> <p>Decision:</p> <ul style="list-style-type: none"> • That the commissioning of a Point of Dispensing Counselling and Interventions Service be agreed. 		
<p>9.0 NHSE UPDATE REPORT</p>		
<p>EE presented the report. The report was to update the Committee on matters pertaining to primary medical care within NHS England.</p> <p><u>Practice List Closure Update</u></p> <p>There were currently no practices within the North Lincolnshire area operating with a closed list;</p> <p>The Birches - list re-opened 01/12/17</p> <p>The Birches had provided confirmation to NHS England that their patient list reopened on 1st December 2017</p> <p><u>NHS England's revised Policy and Guidance Manual for Primary Medical Services</u></p> <p>https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/</p> <p>The revised policy and guidance manual had been updated to reflect the changing landscape in primary care co-commissioning.</p>	<p>Decision: Noted</p>	

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<p><u>International Recruitment</u></p> <p>There were currently two live adverts running. The first was a global advert and the second was Spanish. Of the 60 CV's received only 6 were EU nationals. The remaining 54 had been assessed and retained for a potential phase 3. Work was currently focussed on the completion of a candidate information pack and arranging visits to Spanish Family Medical Congress events.</p> <p><u>Resilience Fund Update</u></p> <p>A further meeting of the resilience fund panel was held in early December to review progress of previously approved schemes in order to redirect funds from those schemes that were not going ahead into other bids that were not successful first time around. CCG's were requested to submit their top 3 priority bids for consideration.</p> <p>The CCG prioritised development work of the 3 network areas and were successful in obtaining the full amount requested.</p> <p>This is an overview of the total resilience funding (£35k) that has been approved for North Lincolnshire;</p> <ul style="list-style-type: none"> • £20k practice mergers • £2k practice merger discussions • £4k for EMIS software and Nurse Prescriber course • £9k network development <p><u>Online Consultation Fund</u></p> <p>The process for agreeing plans for Online Consultation in the North will be led by NHS England's local team, with input and support from NHS England's Patients Online Team, NHS England's regional team and from NHS Digital's Implementation and Business Change Team.</p> <p>To give the Local team a full awareness of investment proposals across local footprints, STP leads will be asked to provide a full investment plan by 15th December. All STPs will be asked to explain their intentions. In summary the investment proposals will fall within the following categories:</p> <p>Cohort 1. – Invested CCGs</p> <p>Cohort 1. – Early adopters</p> <p>Cohort 2 – Adopters</p>	<p>Decision: Noted</p> <p>Decision: Noted</p> <p>Decision: Noted</p> <p>Decision: Noted</p>	

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<p>Cohort 3 – Follower CCGs</p> <p>Cohort 4 – Remainder CCGs</p> <p>Plans will be assessed locally by NHS England and NHS Digital. This is intended to be a light touch process to make sure that the funding delivers tangible benefits for patients and clinicians. In particular we will be looking for assurance that Online Consultation is being considered as part of a wider digital strategy, that a credible procurement plan is in place, and that there is a focus on supporting implementation of new systems so that there is a good level of uptake by both practices and patients.</p> <p>The allocation for North Lincolnshire CCG has been confirmed as £43,224.45 in 2017/18. Further years allocations have not yet been confirmed however, based on National allocation, it is estimated that this could be £57.5k in 2018/19 and £28.5k in 2019/20. Work is currently ongoing with practices to formulate a plan for potentially utilising online consulting in one network area so this can be fully tested before rolling out further if this is successful.</p>	<p>Decision: Noted</p>																			
10.0 ANY OTHER BUSINESS																				
There was no other business.		Chair																		
11.0 DATE AND TIME OF NEXT PUBLIC MEETING																				
<table border="1"> <thead> <tr> <th data-bbox="188 1218 475 1245">Date</th> <th data-bbox="475 1218 632 1245">Time</th> <th data-bbox="632 1218 842 1245">Venue</th> </tr> </thead> <tbody> <tr> <td data-bbox="188 1245 475 1294">Thursday 22 February 2018</td> <td data-bbox="475 1245 632 1294">16:15 – 17:30</td> <td data-bbox="632 1245 842 1294">Board Room, Health Place, Brigg</td> </tr> <tr> <td data-bbox="188 1294 475 1344">Thursday 26 April 2018</td> <td data-bbox="475 1294 632 1344">16:15 – 17:30</td> <td data-bbox="632 1294 842 1344">Board Room, Health Place, Brigg</td> </tr> <tr> <td data-bbox="188 1344 475 1393">Thursday 28 June 2018</td> <td data-bbox="475 1344 632 1393">16:15 – 17:30</td> <td data-bbox="632 1344 842 1393">Board Room, Health Place, Brigg</td> </tr> <tr> <td data-bbox="188 1393 475 1442">Thursday 23 August 2018</td> <td data-bbox="475 1393 632 1442">16:15 – 17:30</td> <td data-bbox="632 1393 842 1442">Board Room, Health Place, Brigg</td> </tr> <tr> <td data-bbox="188 1442 475 1491">Thursday 25 October 2018</td> <td data-bbox="475 1442 632 1491">16:15 – 17:30</td> <td data-bbox="632 1442 842 1491">Board Room, Health Place, Brigg</td> </tr> </tbody> </table>	Date	Time	Venue	Thursday 22 February 2018	16:15 – 17:30	Board Room, Health Place, Brigg	Thursday 26 April 2018	16:15 – 17:30	Board Room, Health Place, Brigg	Thursday 28 June 2018	16:15 – 17:30	Board Room, Health Place, Brigg	Thursday 23 August 2018	16:15 – 17:30	Board Room, Health Place, Brigg	Thursday 25 October 2018	16:15 – 17:30	Board Room, Health Place, Brigg	<p>Decision: Noted</p>	<p>Chair</p>
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