

Northumberland Clinical Commissioning Group

Meeting of the NHS Northumberland Primary Care Co-Commissioning Committee

Held at 1200 on 21 October 2015, Town Hall, Morpeth.

Present:

Janet Guy (Chair)
Karen Bower
Julie Ross
Denise Jones

Lay Chair Northumberland CCG
Lay Governor Northumberland CCG
Chief Operating Officer
NHS England

In attendance:

Steve Brazier
Stephen Young

Chair of Audit Committee
Strategic Head of Corporate Affairs

NPCCC/15/9 Agenda item 1 - Welcome and questions on agenda items from the public

Janet Guy welcomed all members to the meeting.

NPCCC/15/10 Agenda item 2 – Apologies for absence:

Apologies were received from Christine Keen.

NPCCC/15/11 Agenda item 3.1 – Declarations of conflicts of interest and quoracy

There were no declared interests on agenda items and the meeting was quorate.

NPCCC/15/12 Agenda item 4 – Minutes of the previous meeting

The minutes were accepted as a true record of the meeting.

Matters arising

5.3: Legal position on NPC. The legal advice received by NHS England was to ask the provider (NPC) to confirm information in respect of a number of the contract sub-clauses. Janet Guy sought confirmation that the request for legal advice covered the issue that directors of NPC were also the contract holders; Denise Jones said that this had been requested and appropriate advice had been received.

Action NPCCC/15/9/1 - Denise Jones to write to NPC to seek the required further clarification.



6.1: Patient testing panel feedback: Stephen Young advised that the panel wrote to the presenters about the importance of improved access to primary care, co design, rurality and communication improvements between healthcare providers.

Agenda item 5 Operational

NPCCC/15/13 Agenda item 5.1 Harbottle surgery update

Denise Jones described the headlines of the Harbottle surgery update and NHS England is advocating the following three phase process:

- Dispersal of patients – this has now been completed.
 - There were 210 patients not registered (as at 16 October 2015). Patients have now received three letters about the dispersal.
 - The vulnerable patients identified by the Harbottle practice have been allocated to neighbouring practices. This affected 80 patients (including cancer and palliative care patients). The allocation of patients to a particular practice does not remove the patients' choice; they can still choose an alternative practice e (if they live in the practice boundary) or choose to deregister entirely.
- Bringing services to Harbottle as an interim measure, for 12 months.
 - From 20 October 2015, 2 sessions of GP and 2 sessions of nursing cover at the Harbottle site are being provided, by Rothbury practice.
 - Dispensary services are being sought at present and options are currently being discussed at the NHS England operational group.
 - Out of boundary patients have been incorporated into the Rothbury list and will be provided a home visiting service.
 - Bellingham practice is also providing services in Otterburn. Bellingham practice has advised they do not believe there is additional capacity required as they have sufficient GP appointments, they will keep this under review and let NHS England know if there are any issues.
- Securing a long term sustainable solution for Harbottle.
 - There will be a 12 month period to secure a sustainable solution. This will begin with a service review that considers the capacity in the area and the options that are available. This will be tabled at a future committee for consideration.
 - NHS England will then undertake engagement and consultation on the options.

Single handed practice issues:

- Karen Bower asked why the potential problems were not anticipated in such a small service. Denise Jones said that the situation in Harbottle was a very rare occurrence. When the practice approached NHS England in July and wanted to provide notice; at that point, they were not signalling an inability to deliver a safe service. Over the following weeks, it became apparent that there were issues about whether services could be safely delivered.
- Karen suggested NHS England could consider (nationally) an annual review



programme of single handed practices to scrutinise the way in which practices are working and ensure any problems are anticipated and mitigated.

- Janet sought clarification about single handed practices and the way in which the services are contracted and whether there were additional regulations and checks on single handed practitioners. All contracts are managed in the same way – with no exceptions made for single handed practices.
- Karen sought clarification about the impact on Rothbury practice ability to deliver the services. Julie Ross and Denise Jones both confirmed the practice had increased its GP capacity to deliver the services in Harbottle.

Consultation and engagement:

- Whilst the longer term solution will be based on the service review's options, public engagement throughout the process is essential. Further discussion between NHS England and the CCG will take place during November. A plan for the overall engagement work will be brought to the committee in December.

Action NPCCC/15/13.1 – NHS England to liaise as required with the CCG and present the engagement plan to the December 2015 committee.

- The long term future solution, once designed, will need to be secured through an appropriate procurement route.

Operational issues:

- At present the two sessions are both in the morning and on the two days of the week where there is a bus service to Rothbury. Members of the public at the CCG's Annual Public Meeting (APM) raised periodicity and timing issues.

Action NPCCC/15/13.2 - Julie Ross to write to NHS England, providing CCG APM feedback, and seeking confirmation that, in response, the sessions being delivered will be reviewed and adjusted if possible

- Vulnerable patients being allocated to Rothbury: There have been some issues raised by the public querying the use of patient identifiable information.
- An attendee at the APM had said that not all out of boundary patients had received letters, Denise said she would check that.

Action NPCCC/15/13.3 - Denise Jones to clarify the communication with patients living outside existing practice boundaries.

NPCCC/15/14 Agenda item 5.2 Laburnum CQC report

Denise described the headlines of the CQC report. The practice was visited in July and the report published in September. The practice has been rated as 'requires improvement'. The following points were raised:

- Staff DBS checks were not undertaken, there had been no employment checks of



staff recently employed; there was no system of indemnity insurance checks.

- Processes were not followed in respect of checking the expiry date of medicines.
- No fire drills have been undertaken at the practice within the last 12 months.
- The last training infection control training had taken place in 2012.
- Patients reported difficulty in getting a routine appointment; the complaint leaflet does not direct patients appropriately if they are dissatisfied with the practice response to a complaint.

NHS England has asked the practice to submit an action plan. All actions must be complete by the end of November 2015.

Julie Ross confirmed the CCG considered the report and has asked if the practice needed further CCG support (which it did not). The CCG understands from the practice that all actions are in hand.

Karen Bower queried page 21 and the note that 'the GPs aimed to become members of the Royal College of General Practitioners and for the practice to achieve RCGP accreditation and asked if the GPs and the practice need this assurance to continue to practice?

Action NPCCC/15/14.1 Denise Jones to check GP registration requirements in this respect and update the December 2015 committee meeting.

Julie Ross confirmed the CCG will continue to support the practice and ensure the recommendations have been implemented.

NPCCC/15/15 Agenda item 5.3 – Delegated functions self-certification 2015/16

Stephen Young confirmed the CCG will be submitting a primary care co-commissioning self-certification to the NHS England area team by 23 October 2015. This will cover quarters 1 and 2 and will be submitted to the NHS England central team by the end of October 2015.

The completed assurance document will be circulated to all members of the committee for consideration and approval.

Resolved – Self certification submitted 23 October 2015.

Agenda item 6 Strategic

NPCCC/15/16 Agenda item 6.1 Delegated commissioning update

The deadline for submission of the expression of interest in delegated commissioning is 6 November 2015.

The CCG is currently seeking a mandate from its membership to proceed. Stephen Young has written a position statement, which has been shared with all practices. Member practices have been asked to report their views to the CCG by 23 October 2015.



Members of the committee noted the national letter encouraging CCGs to engage with delegated commissioning.

NPCCC/15/17 Agenda item 7 Any other business

There were no items of other business.

NPCCC/15/18 Agenda item 8 Date and time of next meeting

16 December 2015 at 1200.

