

**Minutes of the NHS Northumberland Primary Care Co-Commissioning Committee**  
**17 February 2016**

**Members Present:**

Janet Guy	Lay Chair Northumberland CCG
Karen Bower	Lay Governor Northumberland CCG
Julie Ross	Chief Operating Officer
Matt Brown	NHS England

**In attendance:**

Steve Brazier	Chair of Audit Committee
Cynthia Atkin	Healthwatch
Stephen Young	Strategic Head of Corporate Affairs
Faye Smeaton	Business Support

**NPCCC/16/01 Agenda item 1 - Welcome and questions on agenda items from the public**

Janet Guy welcomed all members to the meeting. There were no members of the public present.

**NPCCC/16/02 Agenda item 2 – Apologies for absence:**

There were no apologies for absence.

**NPCCC/16/03 Agenda item 3.1 – Declarations of conflicts of interest**

The Committee discussed whether there was a potential conflict of interest regarding Janet Guy's husband's involvement in the Rothbury Practice relocation in relation to the estates strategy (item 6.1). It was felt that there was no immediate conflict due to the nature of his involvement, however the Committee agreed to highlight any potential conflicts should they arise.

**NPCCC/16/04 Agenda item 3.2 – Quoracy**

The meeting was quorate.

**NPCCC/16/05 Agenda item 4 – Minutes of the previous meeting**

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

**NPCCC/16/06 Agenda item 4.1- Matters arising**

5.1: Harbottle Engagement. Matt Brown provided an update and stated that the



engagement timeline has now been amended and the engagement process has begun. A meeting between Matt Brown, Stephen Young and Liz Prudhoe at Healthwatch has taken place regarding patient engagement. Cynthia Atkin stressed the need to ensure that patients are informed of the actions taken as a result of their feedback.

6.1: Delegated Commissioning. Stephen Young explained that a decision has not yet been reached regarding representation on this Committee from a member of the Health and Well Being Board(HWB). Initial feedback suggested that the Local Authority would wish to be represented on the Committee, which would ensure that Cynthia Atkin represents Healthwatch and maintains independence in this respect.

## **Agenda item 5 Operational**

### **NPCCC/16/07 Agenda item 5.1 Support to vulnerable practices**

Matt brown explained that NHS England has announced the availability of £10million of funding to support vulnerable practices. This will specifically be for use by practices who have been rated as 'inadequate' or 'requires improvement' by the Care Quality Commission (CQC), or those practices who are deemed to be in need of additional support. The funding would be used to treat the causes of the vulnerabilities and not as a short term fire-fighting investment. Practices will need to commit to a 50/50 match funding arrangement and demonstrate their ability to move to a sustainable model of care.

There are currently four vulnerable practices within Northumberland who may be able to benefit from the scheme. The exact level of funding available per practice will be confirmed in due course.

Julie Ross noted that there had been concerns within some practices as to the level of requirements that NHS England will impose to justify the funding. Matt Brown confirmed that the intention is to provide light touch support and, as an example of this approach, practices had only been asked to submit a one hundred word initial application.

Janet Guy queried whether this committee would have a role when initial concerns have been raised about practices, when early intervention may stop the escalation of issues. Julie Ross agreed that the role of this Committee requires further consideration regarding the reporting mechanism for vulnerable practices and what support can be offered.

### **Action NPCC/16/07/01 Julie Ross to consider the reporting mechanism used to highlight vulnerable practices to the PCCC and its role in providing support.**

Karen Bower asked whether NHS England could provide funding to the Northumberland Clinical Commissioning Group (CCG) for use in supporting vulnerable practices. Janet Guy questioned whether the CCG would have the other resources necessary to provide such support, even if the funding were available. Julie Ross noted that it is more important to ensure practices are supported than which body is proving the support.

Karen Bower asked what the role of the Committee is in avoiding future sustainability issues and asked the members to think about how CQC inspection results could be reported into

this committee for assurance that actions are taking place as a result. Janet Guy agreed that a system is needed for monitoring action plans and also noted that in the past this committee has had a private section of the agenda to enable discussion of commercially sensitive and practice sensitive issues.

Cynthia Atkin noted that Healthwatch interests lie with patient outcomes and stated that Healthwatch would be keen to look at patient outcomes as a result of action plans and support.

Karen Bower asked whether members of this Committee could be emailed when a CQC practice report is published. Matt Brown explained that NHS England has an alert system which sends out emails when an inadequate or requires improvement report is published and Stephen Young confirmed that this system is effective.

**Action NPCC/16/07/02 Matt Brown to add PCCC members to the NHS England alert system regarding CQC reports.**

**NPCCC/16/08 Agenda item 5.2 Seaton Park**

It was agreed that this agenda item should be excluded from the public meeting as publicity would be prejudicial to the public interest. Current business discussions are confidential.

**Agenda item 6 Strategic**

**NPCCC/16/09 Agenda item 6.1 – Estates Strategy**

Julie Ross presented the draft estates strategy, which outlines how the CCG intends to use its estate footprint. It has been agreed that the CCG, the North East Ambulance Service (NEAS) and the Northumbria Tyne and Wear Foundation Trust (NTW) will review the capital estate with a view to reducing it by 40% over the next five years.

The draft strategy was reviewed by the Joint Locality Executive Board (JLEB) in January 2016. JLEB was content to support the strategy but noted that the system-wide plan is needed to get an understanding of the fuller picture. On this basis, Julie Ross asked the Committee to receive the draft strategy for information and note that a further system-wide plan will be shared at a future meeting.

The Committee received and noted the content of the estates strategy.

Karen Bower noted that the report had been developed quickly and that the timescales looked tight. She asked for assurance that the process had been properly thought through. Julie Ross confirmed that, although the timescales were tight for both production and implementation, the report's contents thus far had been given the requisite amount of consideration.

Steve Brazier asked whether there had been a procurement exercise related to producing the strategy or if this had been arranged via the NECS call off contract. Julie Ross thought that this was via NECS but agreed to confirm this.

## **Action NPCC/16/09/01 Julie Ross to confirm the estates strategy procurement process.**

Cynthia Atkin asked whether the CCG would be moving offices as a result of the implementation of the Accountable Care organisation (ACO). Julie Ross said that it is likely that two thirds of the workforce will move to the ACO and that, despite the advantages of being co-located with the local authority, the cost of the lease can't be justified for the number of staff that will remain.

Julie Ross explained that in January 2016, JLEB had considered the proposed process for approving capital bids. The process involves bids being sent to the CCG and brought to this Committee to undergo a strategic assessment. This would be followed by an operational assessment regarding the financial aspects in accordance with the long term financial plan. NHS England will then receive the bids as the final arbiter.

The Committee agreed to review bids and agree which should be taken forward at an extraordinary meeting if required.

Matt Brown informed the Committee that the deadline for NHS England receiving bids has been extended to 14 March 2016.. Julie Ross commented that the process is well laid out and noted that strong assessment in the initial stages will help ensure successful bids to NHS England.

## **NPCCC/16/10 Agenda item 6.2 Delegated agreement**

Stephen Young explained that there are a number of governance changes which need to occur prior to the CCG becoming a delegated commissioner from 1 April 2016.

The constitution requires amendments and these have been informally submitted to NHS England, along with the updated terms of reference (ToR) for this Committee. CCG members need to agree the changes to the constitution by 10 March 2016.

The ToR have been updated based on national guidance. Stephen Young has made amendments following discussion at the January PCCC meeting. Specifically, paragraph 14 has not been removed, but rather updated to reflect the assurance role of the Committee.

Karen Bower queried the role of the Local Medical Council (LMC). Julie Ross said that they are a body which brings providers together and acts in a similar way to a trade union, acting in the interest of individual GPs. Matt Brown noted that there is a statutory duty to consult with the LMC. Stephen Young confirmed that the new ToRs include LMC representation.

Stephen Young discussed the delegated agreement and explained that this is a legal document which is produced nationally, with no local variations. Every CCG will need to sign this off if they are to become a delegated commissioner. The delegated agreement needs to be submitted by 25 February 2015; Stephen asked the Committee to agree the ToR and delegated agreement for submission.



Karen Bower commented that the agreement feels biased towards NHS England in terms of making changes, having input, and opting out. Janet Guy agreed with this and asked if anyone from a CCG perspective (on a national level) had any input into the agreement before it was finalised. Matt Brown agreed to find out and report back to the Committee.

Steve Brazier asked how the CCG can assure itself that it is complying with the specific financial limits. He noted that, while understanding that this is a national document which can't be changed, assurances are needed.

**Action NPCC/16/10/01 Stephen Young to discuss the delegated agreement's financial limits with Internal Audit prior to final submission.**

Julie Ross noted concerns regarding the reservation of 7A functions and how the CCG will administer and pay for services, as the agreement does not state that this will only be possible if the funding is provided by NHS England.

**Action NPC/16/10/02 Matt brown to clarify arrangements regarding the reservation of 7A functions with NHS England.**

The Committee agreed that they were satisfied with the agreement, subject to the comments above, and agreed to the submission of both the delegated agreement and ToR.

**NPCCC/16/11 Agenda item 6.3 Delegated functions self-certification**

Stephen Young noted that the deadline for submission of the quarter 3 self-certification is at the end of February 2016. He requested approval for submission from the Committee. Julie Ross noted that the CCG had been assured as good following the previous submission.

Steve Brazier felt that it would be useful going forward if there was a list of everything in primary care that NHS England considers to be 'novel or contentious'. MB agreed to find out if a list is available.

**Action NPCC/16/11/01 Matt brown to find out whether a list of novel and contentious considerations is available from NHS England.**

The committee approved the self-certification, subject to the date on the back page being amended.

**NPCC/16/12/ Agenda Item 7 Development session – primary care models**

Julie Ross noted that the primary care models presentation due to come to this committee as part of the development session had already been covered during the preceding Governing Body meeting and proposed not to repeat the presentation. The Committee agreed to this and instead to focus the development session on any specific questions the Committee had regarding primary care models.



Julie Ross outlined the key activity regarding primary care as follows:

- Responses to the capacity and demand analysis, undertaken by 41 of the 44 practices within Northumberland have now been mapped. The mapping shows the level of GP capacity across individual practices, however, the results don't take into account sickness and holidays. In summary, the results initially show that, while there are sufficient GPs in Northumberland, there are some gaps between supply and demand at key points when they are not in practice on the right days.
- 40% of appointments are currently pre-booked. Julie Ross suggested that sequencing needs to be investigated.
- Practices are to be offered funding to support them in improving their access models, which should help to reduce backlogs.
- A report will be considered by JLEB in the near future regarding integrated IT solutions. The key requirements are to have a system which operates in real time and has read/write capability.
- A support tool will be developed for practices including letter templates, checklists and guidance about practices working together.

Steve Brazier asked whether there is any evidence to support the theory that self-service appointment booking reduces demand rather than creating too much demand. Julie Ross thought that it would be useful to look at using self-service as a means for patients to book in for telephone triage, rather than directly booking GP appointments. Matt Brown noted that self-service availability is being encouraged nationally, but agreed that it would be useful to see supporting data as the system can easily be misused.

Julie Ross outlined the key current responsibilities for the Committee with regard to primary care models:

- To have oversight of the proposed support toolkit and sign this off before submission to NHS England for validation.
- To have an agreed process for supporting practices regarding the consequences of changing their locality models.
- To act as a migration panel regarding local enhanced services; having oversight of additional investment, models and merges and the suite of information that will be developed for dissemination to CCGs nationally. The Committee agreed to cover this on the June PCCC agenda.

**Action: NPCC/16/12/01 Local enhanced services to be included on the June PCCC Agenda.**

#### **NPCC/16/13 Agenda item 8 Any other business**

There were no items of other business.

#### **NPCCC/15/30 Agenda item 8 Date and time of next meeting**

20 April 2016 at 1200, Town Hall, Morpeth

