

# Northumberland Clinical Commissioning Group

## Minutes of the Public Meeting of the NHS Northumberland Primary Care Commissioning Committee 15 June 2016

### Members Present:

Janet Guy	Lay Chair Northumberland CCG
Karen Bower	Lay Governor Northumberland CCG
Julie Ross	Chief Operating Officer
Rob Robertson	Chief Finance Officer
Jane Lothian	Local Medical Committee

### In attendance:

Steve Brazier	Chair of Audit Committee
Christine Keen	NHS England
Stephen Young	Strategic Head of Corporate Affairs
Diane Gonzalez	Locality Manager
Scott Dickinson	Northumberland County Council
Cynthia Atkin	Healthwatch
Faye Smeaton	Business Support

### NPCCC/16/52 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/16/53 Agenda item 2 – Apologies for absence:

There were no apologies for absence.

### NPCCC/16/54 Agenda item 3.1 – Declarations of conflicts of interest

There were no conflicts of interest.

### NPCCC/16/55 Agenda item 3.2 – Quoracy

The meeting was quorate.

### NPCCC/16/56 Agenda item 4 – Minutes of the previous meeting

The minutes were accepted as a true record of the meeting, with one amendment to reflect that Steve Brazier was not in attendance at the April 2016 meeting.



## **NPCCC/16/57 Agenda item 4.1- Matters arising**

3.1: Faye Smeaton to send conflicts of interest form to Jane Lothian for completion.

5.1: Christine Keen reported that the draft delegated agreement schedule template has now been produced by NHS England. Christine will review the document and then circulate to all Clinical Commissioning Groups (CCG) for comment prior to incorporation within the Memorandum of Understanding (MOU).

**Action PCCC/16/57/01: Faye Smeaton to send conflicts of interest form to Jane Lothian for completion.**

## **Agenda item 5 Operational**

### **NPCCC/16/58 Agenda item 5.1 Operational Update Report**

Julie Ross presented the report and highlighted the following:

**Vanguard:** Julie explained the importance of delivering the Primary and Acute Care System (PACS) as the cornerstone to the vanguard programme and the potential creation of the Accountable Care Organisation (ACO). The £4.3million Vanguard funding allocation for 2016/17 has now been received and the vast majority of it will be directed into primary and community care development.

**Estates and Technology Transformation Programme (ETTF):** Formerly the Primary Care Transformation Fund (PCTF), the ETTF aims to provide funding to practices for estates and IT improvements. Practice bids for Northumberland have now all been submitted to the CCG and have previously been ratified by the committee. The deadline for submission to NHS England is 30 June 2016. Julie highlighted that, due to revised guidance, there may be last minute IT bids that will require approval. She suggested that this is undertaken out of committee if necessary and this was agreed.

**Otterburn:** On 2 June 2016, Bellingham practice submitted an Application Notice to Close Branch Premises at Otterburn Memorial Hall. This is due to the practice being unable to fully mitigate the risks associated with lone working arrangements and emergency management. The application was made following advice and guidance from the Care Quality Commission (CQC) and NHS England.

**Seaton Park:** Patients of the branch surgery at Newbiggin have now been informed that operating hours will be reduced to mornings only for three months while a permanent solution is investigated.

**Blyth practice merger:** Waterloo and Station practices are proposing to merge from April 2017. Discussions are underway with NHS England.

Karen Bower asked how metrics will be developed for the ETTF to demonstrate success. Julie explained that metrics are currently being defined; there will not be a 'one size fits all' approach as models are dependent on the individual needs of practices, however common measures will be in place where possible.



The committee noted the potential risks associated with the recent publication of NHS Property Services charging schedule for 2016/17. Karen Bower asked whether there is potential for a deficit to be created if NHS England does not contribute to property costs. Julie noted that there are issues with property reimbursement nationally and that communications are not always clear. Rob Robertson explained that historically the practice charging system has been extremely complicated and that the charging schedule for 2016/17 is currently being clarified. NHS England is currently working with individual practices where necessary concerning appropriate reimbursement.

Jane Lothian informed the committee that a recent practice meeting had highlighted concern regarding the uncertainty of property funding, particularly in relation to the template lease. Julie said that practices will be looked at on a case by case basis, with no set precedent or policy.

**Action NPCC/16/58/01: Rob Robertson to present a report at the September 2016 Primary Care Commissioning Committee (PCCC) meeting regarding the position of Northumberland practices' property arrangements.**

Karen asked whether there had been consideration of Waterloo and Station practices merging with the other practices in Blyth Medical Centre. Julie explained that the CCG has no influence over this as each practice is an individual business.

**NPCCC/16/59 Agenda item 5.2 Primary Care Commissioning – Population Wide Scheme**

Julie Ross presented the report, explaining that this Committee is now responsible for making decisions regarding the appropriateness of payments (previously the responsibility of the Community Services Migration Panel) due to the conflict of the GP led CCG making decisions regarding funding for practices.

Julie explained that NHS England is required to commission a Direct Enhanced Service (DES) for Avoiding Unplanned Admissions for practices to sign up to. If practices opt out of the DES, then the CCG has a responsibility to commission a Local Enhanced Service (LES). 43 practices in Northumberland are currently indicating that they would be keen to sign up to a Population Wide Scheme, which will combine elements of the DES with a CCG commissioned LES.

The service specification was provided at Appendix 1. The Committee confirmed that they were satisfied with the content. Appendix 2 outlined the service description and Julie asked the Committee to consider each of the evidence questions. The committee considered the service description in detail, with the following comments:

- **Question 1:** Janet Guy asked whether more detailed financial information was required regarding cost savings. The Committee was content that the outline of the principle of savings is sufficient at this stage. Steve Brazier noted that the per capita allocation is weighted to push funding to the areas with the worst problems.
- **Question 2:** Cynthia Atkin noted that self-management is difficult to monitor and that support is required for patient self-management. Diane Gonzalez noted that the CCG works closely with the Local Authority to provide built in support via the



Support Planner Service.

- **Questions 3, 4 and 5:** Content.
- **Question 6:** Julie noted that the scheme addresses recommendations from the Health and Well Being Board (HWBB) regarding the Better Care Fund and joint working between health and social care.
- **Question 7:** Julie noted that HWBB have received information regarding LES programmes and are content that these are aligned with the Health and Wellbeing Strategy. HWBB have no role in signing off specifications. Diane will update the document to ensure that this is clear.
- **Questions 8 and 9:** Content.
- **Question 10:** Julie confirmed that no other providers are able to deliver the services of the Population Wide Scheme as they relate directly to practice lists. The Committee was content.
- **Questions 11, 12 and 13:** Content.
- **Question 14:** Julie confirmed that, as with question 10, no other provider is able to deliver the Population Wide Scheme. Cynthia asked whether practices are able to sub-contract. Christine Keen confirmed that this is possible and sometimes occurs regarding out of hours provision. The Committee was content.
- **Question 15:** Content.

**Action PCCC/16/59/01: Diane Gonzalez to update the service description document (response to question 7 in the evidence table) to clarify that HWBB do not have a role in signing off specifications, but rather have a role in setting out the overall priorities of the health and care system**

The Committee approved implementation of the Population Wide Scheme and thanked NHS England for their support and co-operation.

### **NPCCC/16/60 Agenda item 5.3 CQC Quarterly Report**

Christine Keen presented the report, providing an update on the current position of CQC practice inspections within Northumberland. Christine noted that three practices were rated as outstanding at the time of writing the report and that this has now increased to five.

Christine noted that Cramlington Medical Group has received a rating of 'requires improvement' which is an improvement on its previous 'inadequate' rating. NHS England continues to provide support to the practice in order to deliver against its action plan and bring the practice to a positive assessment. Janet Guy asked whether the PCCC has input into the development of practice action plans. Christine explained that action plans are discussed at operational groups but that serious concerns regarding a practice's ability to deliver would be raised with the Committee.

Rob Robertson asked whether NHS England consider the change from an 'inadequate' to a 'requires improvement' assessment to be a good rate of improvement. Christine felt that it is difficult to generalise but that in the case of Cramlington this represented a good rate of improvement. Christine noted the importance of ensuring changes are strongly embedded to deliver long term improvements.



## **Agenda item 6 Strategic**

### **NPCCC/16/61 Agenda item 6.1 Primary Care Assurance**

Stephen Young presented the report, outlining how NHS England and the CCG intend to monitor the quality of primary care in Northumberland via the Primary Care Assurance Framework (PCAF). The report was submitted following the Committee's request for assurance in this area.

Monitoring takes place on a quarterly basis through a four stage process:

- Information gathering
- Local assurance meeting
- Local Quality Group meeting
- Formal contract monitoring

Stephen noted that, while NHS England guidance in this area is relatively new, the CCG has been following this process informally for some time. He proposed that feedback from the quarterly review process is included within future CQC quarterly reports to this Committee.

Scott Dickinson asked what information will be included within the quarterly report, noting the need to ensure the information provided is sufficient for the Committee to provide assurance. The Committee agreed to receive information from the web tool in the first instance and review whether further information is needed at that stage.

Karen Bower noted that there are issues with receiving a quarterly report due to the Committee's bi-monthly meeting schedule. It was agreed that reports will be received at irregular intervals to fit with Committee and reporting schedules.

**Action PCCC/16/61/01: Faye Smeaton to add the PCAF report to the PCCC forward plan.**

Christine Keen noted that the historical approach to monitoring the quality of primary care in Northumberland adopted by the CCG is clear and consistent and delivers both support to practices and quality improvements. The CCG is therefore starting work against new guidance from a very good baseline.

Cynthia Atkin noted that Healthwatch recently held a development day, which highlighted clear focus on patient experience and access to GPs. A report outlining outcomes from the development day will be presented to the September 2016 PCCC meeting.

**Action PCCC/16/61/02: Healthwatch development day report to be presented at the September 2016 PCCC meeting.**



## **NPCC/16/62 Agenda Item 6.2 GP Forward View (GPFV)**

Christine Keen gave a presentation regarding GPFV, highlighting the following key points:

- There is a need to unpick the package and work out where funding is coming from.
- The CCG's strategy already contains clear aims regarding creating 'great General practice' for the future, in line with the GPFV.
- £2.4billion will be invested into general practice over the next five years as well as a £500million sustainability and transformation package.
- The GPFV recognises that general practice does not only mean GPs and that there is a need to support practice managers to gain the skills they need.
- The Clinical Pharmacy Programme aims to support practices to employ clinical pharmacists, with funding available over three years.
- The practice resilience programme will provide funding to vulnerable practices for costs such as legal advice. Conversations are taking place with CCGs and LMCs regarding how best to allocate this funding in order to ensure that support is given to the practices who need it most.

Julie Ross noted that clinical pharmacists are being recruited by Northumbria Health Care Foundation Trust (NHCFT) and that currently Vanguard funding is being used to cover the cost of these appointments. Julie would like to explore the use of GPFV funding to enable the CCG to use Vanguard funding for other purposes. Christine said that there is national interest in supporting a wide variety of models and that, as the NHCFT model is different to any other model, it may be possible to access funding for this.

Julie was supportive of potential development opportunities for practice managers and noted the wide variation in the current skill base and the importance of targeting skills development in the right areas.

Cynthia Atkin asked whether the GPFV would address inequities in access to mental health services in Northumberland. Christine noted that the GPFV is designed to support professionals rather than patients.

**Action NPCC/16/62/01: Julie Ross to provide Alistair Blair with a briefing on GPFV ahead of the next Accountable Officers meeting.**

## **NPCC/16/63 Agenda item 7 Any other business**

Rob Robertson noted for information that in 2015/16, CCGs with delegated commissioning arrangements had experienced issues at year end regarding the exit payment system and payments made by NHS England on behalf of the CCG. Should these problems continue in 2016/17, there may be a need to ask practices to complete a verification exercise.

**Action NPCC/16/63/01: Stephen Young to add potential year end difficulties, including possible practice engagement to the CCG risk register.**

## **NPCC/16/64 Agenda item 8 Date and time of next meeting**

7 September 2016, Committee Room 1, County Hall

