

**Minutes of the Public Meeting of the NHS Northumberland Primary Care
Commissioning Committee
18 October 2017, Morpeth Town Hall**

Members Present:

Janet Guy	Lay Chair, Northumberland CCG
Karen Bower	Lay Governor, Northumberland CCG
Siobhan Brown	Chief Operating Officer, Northumberland CCG
Ian Cameron	Chief Finance Officer, Northumberland CCG
Jane Lothian	Local Medical Committee

In attendance:

Fleur Carney	NHS England
Scott Dickinson	Northumberland County Council
Pamela Leveny	Head of Commissioning, Northumberland CCG
David Thompson	Chair, Healthwatch Northumberland
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Melody Price	Business Support Team, Northumberland CCG (Minutes)

NPCCC/17/53 Agenda item 1 - Welcome and questions on agenda items from the public

Janet Guy welcomed all members to the meeting including the members of the public present.

NPCCC/17/54 Agenda item 2 – Apologies for absence

There were no apologies received.

NPCCC/17/55 Agenda item 3.1 – Declarations of conflicts of interest

There were no declarations of conflicts of interest.

NPCCC/17/56 Agenda item 3.2 – Quoracy

The meeting was quorate.

NPCCC/17/57 Agenda item 4.1 – Minutes of the previous meeting and matters arising

The minutes were accepted as a true and accurate record.

Matters Arising

Riversdale Surgery: Stephen Young stated that he, and a representative from NHS England (NHSE), had attended a public meeting about Riversdale Surgery called by the local Labour group on 13 September 2017. The meeting was attended by approximately 80 people and



had attracted press, local and political interest. Stephen explained that the meeting had highlighted confusion about the engagement process being undertaken by the practice, and the overall assurance process regarding the proposed closure of Riversdale Surgery. He stated that following the meeting he had drafted a communication outlining the comprehensive assurance and approval process which had been posted on the practice's website.

Stephen explained that the NHS Northumberland Clinical Commissioning Group (CCG) Chief Operating Officer's update to the NHS Northumberland Primary Care Commissioning Committee (PCCC) in September 2017 had stated that the formal application to NHSE would be considered in October 2017 by the PCCC. He stated that no formal application had been made by the practice to date and further work needed to be undertaken by the practice following the 12 week patient engagement period which had now ended.

Siobhan Brown asked Fleur Carney for clarification regarding the assurance process. Fleur explained that NHSE needed to receive a formal application from Riversdale Surgery. Once received, NHSE would prepare a detailed report including all options available. The report would then be formally submitted to PCCC for consideration. Fleur stated that the process fulfilled regulatory requirements and provided formal assurance to the PCCC. Stephen confirmed that the assurance process was very robust. Janet Guy asked if the report from NHSE would be available for consideration by PCCC in December 2017. Fleur stated that that timing of the report would depend on when the formal application was received by NHSE from Riversdale Surgery, and no application had been received to date.

A member of the public asked the Lay Chair if he could ask a question. Janet explained that questions from the public were not taken as PCCC was not a public meeting, but a meeting held in public. Janet stated that she would allow a question on this occasion only. The member of the public asked if the PCCC had seen the Wylam Surgery Users Group report. Stephen explained that he was fully aware of report and would make sure it was included as part of NHSE's report.

Janet Guy stated that no formal application had been received from Riversdale Surgery by NHSE and no further action would be taken by the CCG until a report regarding Riversdale Surgery was received from NHSE.

NPCCC/17/58 Agenda item 4.2 Action Log

Action NPCCC/17/46/01: Ian Cameron to report Northumberland PCCC's concerns about the impact of rent and service charge changes to regional NHSE. Ian Cameron explained that the issue of rent and service charge changes was ongoing and that the action would remain on the action log until resolved.

Action NPCCC/17/47/01: Pamela Leveny to check if Blood Glucose Test Strip payments are retrospective. Pamela Leveny confirmed that the Blood Glucose Test Strip

payments were retrospective. Scott Dickinson stated that the September 2017 PCCC minutes had highlighted a supply chain issue with the Finetest Lite® meters and asked if it had been resolved. Pamela explained that the company representative had been on annual leave which had resulted in no deliveries being made to practices, but that this had now been addressed. The committee highlighted its concern about the supply chain being



dependant on one individual and Pamela responded that this issue had been taken up with the company. The action was agreed as complete and will be removed from the log.

Agenda item 5 Operational

NPCCC/17/59 Agenda item 5.1 Finance Update

Ian Cameron presented the Finance Update report outlining the CCG's primary care services year to date position and the forecast outturn position as at 30 September 2017, highlighting the following:

- General practice GMS/PMS: Forecast movement of £195k relates to transfer back to reserves of unallocated budgets
- Enhanced services: Opening budgets were based on an assumption that all practices would sign up to all services. The forecast movement of £34k was due to transfer to reserves for practices which have declined the extended hours DES
- Premises Cost Reimbursement: FOT saving of £31k is due to in year movements across various practices for both rent and rates. Additional resource has been allocated from reserves to cover pressures highlighted relating to rent budgets. Other GP Services: Forecast pressure of £69k. The movement in forecast outturn takes account of the pressure regarding locum costs of £150k which is now included in the budget.

Siobhan Brown asked how the transformation funding for GP Forward View (GPFV) would be captured within primary care services financial position. Ian explained that once the GPFV budget has been approved by the CCG's Joint Locality Executive Board (JLEB) it would be incorporated into the primary care services budget.

Action NPCCC/17/59/01: Ian Cameron to add GP Forward View into primary care services financial position once budget formally approved by JLEB.

David Thompson stated that he was aware that £20k of national funding was available to rural GP practices. Pamela Leveny explained that funding was available to GP practices in rural and coastal areas in England, which had particular difficulty in recruiting GPs, but having reviewed the funding criteria the CCG did not qualify. Janet Guy said that the national shortage of GPs had not affected Northumberland until relatively recently compared with other areas of the country, which may be part of the reason why the area did not qualify for this funding. David explained that there was a general concern amongst CCGs, GPs and NHS Trusts regarding GP shortages. Karen Bower stated that she was concerned about GPs being attracted to other areas to work if incentives were being offered. Siobhan explained that the introduction of a number of roles, such as care navigators and pharmacists, were supporting primary care and that the Vanguard access model had created an additional 4000 primary care appointments. Siobhan explained that a Northumberland Workforce Summit was being held on 23 November 2017 to identify issues and that an update would be brought to a future PCCC.

Pamela stated that Health Education England were studying future population projections and housing needs in England. David explained that at the Northumberland Healthwatch AGM there had been two separate questions from the public about GP shortages and the



impact of future housing provision on health services. Ian stated that the CCG was linked into Northumberland County Council (NCC) regarding these issues.

Siobhan asked if a thematic analysis of each element of the budget could be produced. Ian confirmed that he would include an explanation of each element of the budget in future finance reports.

Action NPCCC/17/59/02: Ian Cameron to add an explanation for each element of the primary care services budget in future finance reports.

NPCCC/17/60 Agenda Item 5.2 Terms of Reference

Stephen Young explained that the PCCC Terms of Reference (ToR) were reviewed yearly and asked the PCCC to consider them. Janet Guy stated that internal audit had asked if specific financial delegation should be included in the ToR. Stephen explained that specific financial delegation was not usually included in ToR. Ian Cameron stated the CCG's Detailed Financial Instructions predated delegated commissioning and required updating. Ian explained that it would be unusual for the PCCC to have specific financial delegation. He stated that the role of PCCC was to scrutinise proposals that included a financial element and once it is content with the principle, make recommendations to JLEB concerning allocating associated budgets. Fleur Carney stated that every CCG used the standard ToR provided by NHSE subject to a few minor local amendments.

Scott Dickinson stated that he thought he was eligible to vote as a member of PCCC (Item 19). Stephen explained that Healthwatch Northumberland, NCC's Health and Wellbeing Board and NHSE representatives attended PCCC in a non-voting capacity. Each were able to fully contribute to the debates but did not have a vote. Stephen stated that Scott's experience and knowledge was highly valued by PCCC.

Jane Lothian requested that Item 18 be amended to add in 'or a deputy' when referring to the Chair of the Local Medical Committee. The PCCC agreed the amendment.

Action NPCCC/17/60/01: Melody Price to amend item 18 of the ToR to the following 'The Chair of the Local Medical Committee (or a deputy).'

Siobhan Brown asked if there was a reason why GPFV and out of hours primary care was not included in the ToR. She stated that it was fundamental that the ToR reflected the whole primary care picture in Northumberland. Fleur stated that PCCC needed to add what was specifically relevant to the CCG into the ToR. The PCCC agreed that added assurance was needed in the ToR regarding all primary care commissioning functions.

Action NPCCC/17/60/02: Pamela Leveny to review all primary care commissioning functions with a view to including in the PCCC ToR.

David Thompson asked if the duties listed in the ToR (pages 1&2) would sit with the Accountable Care Organisation (ACO) once established. Stephen explained that the CCG would remain a statutory body following the establishment of the ACO, so the duties would remain with the CCG. The CCG would focus on core primary care and the ACO would focus on enhanced care.



David asked if the PCCC committee minutes still had to be presented to the Cumbria and North East area team of NHSE (Item 36). Janet Guy explained that the PCCC reported to NHSE Cumbria and North East, so the minutes would continue to be presented. Jane Lothian stated that there were multiple sources of primary care models and continuing developments such as GP Streaming. She asked where these models sat within the wider primary care strategy. Pamela Leveny acknowledged that there were a number of ongoing primary care developments that needed to be reviewed within the wider primary care strategy.

Action NPCCC/17/60/03: Pamela Leveny to review primary care models and developments within the wider primary care strategy.

Decision NPCCC/17/60/04: PCCC agreed to approve the ToR subject to the changes as discussed.

Action NPCCC/17/60/05: Stephen Young/ Melody Price to amend PCCC ToR and circulate with the PCCC October 2017 minutes.

NPCCC/17/61 Agenda Item 6 Any other business

Stephen Young explained that Cambois Branch Surgery was reopening from 23 October 2017. Services had been suspended since 30 June 2017 following NCC surveyors declaring the building unsafe. All work had now been completed.

NPCCC/17/62 Agenda item 7 Date and time of next meeting

1200 noon on Wednesday 20 December 2017, County Hall.

