

**Minutes of West Norfolk Primary Care Commissioning Committee**  
**Part One (Quorate)**  
**Held on 26th May 2017 2pm**  
**Education Room, Town Hall, Saturday Market Place, Kings Lynn PE30 5DQ**

**Present:**

Rob Bennett (Chair)	(RB)	Lay Member (Finance)	WNCCG
Hilary de Lyon	(HDL)	Lay Member (Audit) and Deputy Chair	WNCCG
Chris Humphris	(CH)	Interim Chief Officer	WNCCG
Chris Randall	(CR)	Chief Finance Officer	WNCCG
Steve Lloyd (from 17.46 onward)	(SL)	Head of Primary Care	WNCCG
Heather Farley	(HF)	Head of Corporate Affairs	WNCCG
Emma Kriehn-Morris	(EKM)	Deputy Chief Finance Officer	WNCCG
Sue Hayter (from 17.44 onward)	(SH)	Governing Body Nurse	WNCCG
Dr Ian Hume (from 17.48 onward)	(IH)	Medical Secretary	N&W LMC
Alex Stewart (from 17.44 onward)	(AS)	Chief Executive	Healthwatch Norfolk
Elizabeth Nockolds	(EN)	Representing Health & Wellbeing Board	BCKLWN
Peter Brown	(PB)	Patient Representative	
Lindsey Tibble	(LT)	Patient Representative	

**In Attendance:**

Arlene Sheppard	(AMS)	Note Taker	WNCCG
Sarah Haverson	(SHv)	Commissioning Support Officer	WNCCG

0 members of the public

**Apologies:**

Simon Evans-Evans	(SEE)	Locality Director of Commissioning	NHS England
Andrea Patman	(AP)	Head of Commissioning Norfolk, Suffolk, Cambridgeshire	NHS England
Tracey Lewis	(TL)	Asst Head of Finance (East Team)	NHS England
Diane Siddle	(SG)	Asst Contract Manager	NHS England
Dr Ian Mack	(IM)	CCG Chair	WNCCG
Tim Bishop	(TB)	Lay Member (Patient & Public Involvement)	WNCCG
Michelle Barry	(MB)	Lay Member	WNCCG

**ACTION**

**17.39 CHAIR'S OPENING COMMENTS AND APOLOGIES**

Apologies were received as above. The Chair commented that this would be the first Primary Care Commissioning meeting as the WNCCG were delegated commissioners from 1<sup>st</sup> April 2017. A revised Terms of Reference would be considered for approval later in the meeting.

**17.40 QUESTIONS FROM THE PUBLIC ON AGENDA ITEMS OR OTHER RELEVANT SUBJECTS**

There were no questions raised from members of the public. The Chair noted that he held a question from a lay member on the LES which would be discussed at item 17.48.

**17.41 DECLARATIONS OF INTEREST**

The Chair noted the circulated list. EN reported that the document should be amended to show that she is no longer a member of Marie Curie organisation.

**17.42 NOTIFICATION OF ANY ITEMS OF URGENT BUSINESS**

No items were notified to the meeting.

#### **17.43 MINUTES OF THE PREVIOUS MEETING HELD ON 24 MARCH 2017**

The meeting agreed that the Minutes of the last Joint Committee were a true record of the meeting.

#### **17.44 ACTION LOG /MATTERS ARISING (not covered elsewhere on the agenda)**

- Action 1. Clarification of Finance Report item 2.4. was still outstanding. CR undertook to follow this up with NHS England. Action to remain on log.
- Action 2. CR to obtain more information on a) back up provisions for collections b) performance monitoring procedures and c) clarity on two way/one way break clause at end of each year. Action to remain on log.
- Action 3. The contract has been awarded for a four year period of time only, with break clauses at the end of each contract year. Action Complete
- Action 4. The service specifications differ for each area. Also the commissioner for each area has now changed. The GP contract management function is now the CCG responsibility and the Pharmacy contract management function remains with NHS England. Action Complete
- Action 5. For those patients who self-declare that they hold either a non-UK issued European Health Insurance Card (EHIC) or a S1 form, the practice will be required to manually record that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record and then send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post.

Agreement has also been reached for NHS England and GPC to work with GP system suppliers to put in place an automated process, as soon as possible. This would include discussions on the development of systems to support collection of GP appointment data for these patients. Once the technical solution to automatically collect this data is in place, NHS Employers have agreed that further discussions on implementing the system to support collection of the data will take place. Action Complete.

#### **17.45 DECISIONS LOG**

The Chair noted that item 1 Clinical Waste contract had now been let on 1<sup>st</sup> April so no decision on approval was required. Further information on the contract was being obtained through outstanding actions. Item 2 will be dealt with at Agenda item 17.48.

The Chair commented that more notice of Committee contract decisions would be required in future to enable appropriate consideration to be made. Members requested a PCCC spreadsheet of contracts requiring their consideration.

**Action:** WNCCG to compile and submit a Contract spreadsheet, applicable to the PCCC.

#### **17.46 TERMS OF REFERENCE V2**

HF reminded members that the circulated TOR had been prepared based on the NHS England national template for Delegated Commissioning Committees and cross-referenced with exemplar CCGs who received delegated commissioning responsibility last year. Voting membership has been adjusted to include all the WNCCG Lay Members, the WNCCG Executive Members and the WNCCG Registered Nurse to support quoracy at all meetings.

LT commented that the Cllr Jackie Westropp is able to deputise for the WN Patient Partnership representative or the patient representative.

PB commented that he was able to deputise for the Healthwatch Norfolk representative.

AS commented that he would be able to deputise for the Health and Wellbeing Board representative.

HF noted that the new membership structure ensured that the patient voice was well represented at these meetings.

The Chair asked members for the comments on the TOR. Members discussed the administration of payments process at item 18c) and clarified that NHS England will continue to perform this function.

Amendment to Schedule 2 – the role of Governing Body Registered Nurse to be moved from CCG Lay Membership to CCG Clinical Membership.

Amendment to Item 27 – remove ‘full’ to read ‘four members of the committee’.

The Chair highlighted the significant responsibilities of the PCCC detailed in items 16 and 17 and looked forward to working with Committee Members to deliver high quality Primary Care services for the West Norfolk area. Members agreed and welcomed a discussion on appropriate preparation for members at agenda item 17.51.

**DECISION:** The Members agreed that, subject to the amendments listed above, the Terms of Reference were approved.

#### **17.47 FINANCE REPORT**

The Chair referred to the March 2017 Co-commissioning Budget Update submitted by NHS England, noting the total of overspend at page 3 and the variance reasons. CR commented that there will be a refinement of reporting during 17/18.

EKM commented that the 2017/18 Final Allocation figure at item 1.3 was not £28,089million and members should be aware it was £28,111million.

PB queried if a schedule of Rent Reviews could be provided to allow for forward planning and CR confirmed that this had been provided to the CCG during the due diligence process.

**Action:** CR to obtain clarification on audit position and whether there have been any significant adjustments or items impacting on 17/18 budget.

#### **17.48 2017/18 – LOCAL ENHANCED SERVICES (LES)**

CH introduced the circulated paper highlighting the two aspects:

- Local Enhanced Services – CH acknowledged that the forecast 17/18 costs exceed the 16/17 figure.
- Demand Management in Primary Care Agreement was a cost neutral proposal

#### LES

CR noted that the LES represented a cost pressure. The members discussed the need for further clarification on the recurrent and non-recurrent items of funding.

Members discussed whether there was a limit on numbers of referrals and agreed that any form of 'capping' numbers in Practices would probably result in patients approaching Acute Trusts rather than Primary Care. Concern that the outcomes from this spend were measurable. IH commented that these services are already being delivered and most practices would want to make available to their patients.

Members discussed the issues of quality assurance in provision of Practice services, who and how this might be addressed. Noted particularly the issues around shortage of Practice Nurses and how this might impact on provision of services.

LT commented that it may be useful to include PPG in LES discussions as Practices may have plans/funding to acquire equipment which would reduce referral numbers.

PB suggested that patients in rural areas or with limited mobility may have physical and financial challenges in accessing some service locations.

The Chair requested in future all proposals coming to the Committee which have financial implications are discussed and agreed with the finance team in advance.

**DECISION:** A detailed review of the financial implications for LES will be presented to the next meeting. The review to contain more detail over 16/17 and 17/18 for members to understand the content being approved. The paper will be amended in line with members' comments and re-submitted to the June meeting for consideration.

CH confirmed that in the interim Practices will be funded on a continuation of the 16/17 basis for these services, prior to obtaining Committee agreement going forward.

The Chair referred to the question submitted by TB on whether Learning Disability Healthchecks are included in the scheme. SL confirmed that that LD Healthchecks are already commissioned as a Direct Enhanced Service (DES). WNCCG is undertaking work to encourage and support Practices in provision of these checks.

#### Demand Management in Primary Care Agreement (DMPA)

CH talked to the DMPA paper, explaining the work in a number of key areas on referrals to support Practices in referring more effectively. Highlighted item 5, Objective 4 – Participation in the National Diabetes Audit which should provide important data extracted from existing systems.

HDL asked how widespread was use of the e-referral system currently and expectations for future take-up. SL reported that there was a national requirement that all referrals are handled electronically by October 2018, within West Norfolk work is proceeding to achieve this earlier : 84% of QEH referrals are already electronic and the remaining 16% is confident of being achieved on time.

**DECISION:** DMPA paper agreed in principle for WNCCG to take forward individual discussions with each Practice. An update paper will be brought back to the next meeting for information.

#### **17.49 GP RESILIENCE FUND**

SL explained the purpose of the fund available to support Practices and that bids for 2017 funding were to be submitted to NHS England by 28 June. In 16/17 only one West Norfolk bid was successful and WNCCG are aiming to increase that in the

17/18 round. IM commented that the timescale for preparation and submission of bids was quite short and that a Q&A sheet and bid template should be published today. Members commented that because of the incidence of incorrect completion last year the increased level of support available to Practices would be useful to maximise the level of good quality bids. SL will report back to a future meeting on bids submitted and lessons learned.

#### **17.50 WEST NORFOLK HEALTH**

CH talked to the circulated report for Members consideration. Total sum involved would be around £500k, split equally across 17/18 and 18/19. Members discussed the likely viability of the scheme, once the original funding period had ceased. CH commented that WNCCG and the Norfolk & Waveney STP will support models of care that strongly align with Primary Care, Social Care, Community Care and Mental Health services and a locally focussed organisation needs to be created to deliver those services at a local level. IH noted that this is a direction of travel underpinned by the GP Five Year Forward View to transform services to be in a stronger and more sustainable position. CR commented that the business case process should be clear on risks and one of the objectives should be how it makes itself sustainable in the two years available. PB highlighted the Healthwatch findings that indicated the interface with community healthcare has deteriorated and would welcome work to improve the position.

**DECISION:** The Members agreed the proposals contained in the report in principle. The final agreed Business Case should be submitted to the PCCC for their information.

#### **17.51 DATE OF NEXT MEETING**

Members discussed the responsibilities of the Committee under Delegated Commissioning and what briefing materials and training might be required on specific areas of responsibility in order to increase confidence in the subject matter and inform their decisions appropriately. The Chair proposed that the Committee move to a monthly meeting schedule and, within that, designate non-decision making sessions specifically for development of the Committee Members.

Members discussed the need for a local strategic plan to set down the priorities, timescale and risks, ideally to have an overview of what needs to be achieved in 3-5 years time. Discussion of how much the GP Five Year Forward View document provides information, also how much of this is encapsulated by the Norfolk & Waveney STP and the WNCCG Operational Plan.

Members agreed that the next meeting on 29<sup>th</sup> June will commence at 2pm with 1 hr of Members' Briefing by the WNCCG based on the GP Five Year Forward View submitted plan. The Public meeting will take place from 3-4pm.

**Action:** WNCCG to circulate appropriate briefing materials and weblinks to useful pre-reading in advance of the session on 29<sup>th</sup> June.

Next meeting will be held on Thursday 29<sup>th</sup> June 2017 at 3pm, Education Room, Town Hall, Saturday Market Place, Kings Lynn PE30 5DQ

A Committee members briefing session will be held in private from 2pm-3pm. The Public meeting will commence at 3pm

There being no further business the meeting closed at 3.37pm