

DRAFT Minutes of West Norfolk Primary Care Commissioning Committee`
Part One (Quorate)
Held on 21st September 2017 3pm
Education Room, Town Hall, Saturday Market Place, Kings Lynn PE30 5DQ

Present:

Rob Bennett (Chair)	(RB)	Lay Member (Finance)	WNCCG
Chris Randall	(CR)	Chief Finance Officer	WNCCG
Ross Collett	(RC)	Director of Operations (from 1 Aug 2017)	WNCCG
Emma Kriehn-Morris	(EKM)	Deputy Chief Finance Officer	WNCCG
Dr Imran Ahmed	(IA)	CCG Governing Body GP Member	WNCCG
Michelle Barry	(MB)	Lay Member	WNCCG
Sue Hayter	(SH)	Governing Body Nurse	WNCCG
Elizabeth Nockolds	(EN)	Representing Health & Wellbeing Board	BCKLWN
Lindsey Tibble	(LT)	Patient Representative	
Peter Brown	(PB)	Patient Representative	

In Attendance:

Arlene Sheppard	(AMS)	Note Taker	WNCCG
Sarah Haverson	(SHv)	Commissioning Support Officer	WNCCG
Robert Raab		Member of Public	
David Palmer		Group Business Consultant	NH Group

Apologies:

John Webster	(JW)	Chief Officer	WNCCG
Steve Lloyd	(SL)	Head of Primary Care	WNCCG
Heather Farley	(HF)	Head of Corporate Affairs	WNCCG
Alex Stewart	(AS)	Chief Executive	Healthwatch Norfolk
Dr Ian Hume	(IH)	Medical Secretary	N&W LMC
Tim Bishop	(TB)	Lay Member (Patient & Public Involvement)	WNCCG
Hilary De Lyon	(HDL)	Lay Member (Audit) and Deputy Chair	WNCCG

ACTION

17.91 CHAIR'S OPENING COMMENTS AND APOLOGIES

Apologies were received as above. The Chair welcomed members to the meeting. The Chair noted that all circulated papers will be taken as read.

17.92 QUESTIONS FROM THE PUBLIC ON AGENDA ITEMS OR OTHER RELEVANT SUBJECTS

The Chair then invited questions from the members of the public present.

- A query was raised on the proposed housing developments around Kings Lynn and how adequate health infrastructure would be provided for residents. RC responded that no new GP Practices were being planned but work was ongoing to identify how existing resources can be expanded to absorb the extra demand. Members commented that the local council, patient partnership groups and the clinical commissioning group were working together on this.

Action: RC to liaise with the Borough Council on current planning proposals and feed back to the committee on how the extra demand may be addressed.

- A member of the public requested that the Committee consider scheduling future meetings in the evenings to allow greater public attendance. The Chair noted the suggestion for consideration when scheduling the 2018 meetings.

17.93 DECLARATIONS OF INTEREST

The Chair noted the circulated list.

17.94 NOTIFICATION OF ANY ITEMS OF URGENT BUSINESS

No items were notified to the meeting.

17.95 MINUTES OF THE PREVIOUS MEETING HELD ON 18th August 2017

- (i) The meeting agreed that the Minutes of the meeting held on 18th August 2017 were a true record of the meeting.
- (ii) The meeting considered the tabled request received on 8th August from the Norfolk & Waveney Local Medical Committee to amend the Minutes of 26th May. After discussion the meeting decided that the amendment would not be accepted and the original Minutes would stand.

DECISION: The Meeting agreed that the proposed amendment has been noted but as the Minutes had already been approved on 29th June the amendment would not be accepted and the original Minutes would stand.

17.96 ACTION LOG /MATTERS ARISING (not covered elsewhere on the agenda)

Action 1. CR reported that a response from NHS England has been circulated to members by email on 20th September to close the action. Action complete.

Action 2. EKM reported that meetings with NHS England have taken place and work is progressing but completion remains unlikely before December 2017. Action to remain on log.

Action 3. Action to remain on log.

Action 4. Discussed at Agenda 17.98. Action closed

Action 5. Information on workforce included in the GP Forward View paper at item 17.101. Action complete

Action 6. Summary information on risks included in Primary Care Commissioning Committee Risks paper at item 17.98. Action complete

Action 7. Column added to finance report at item 17.99. Action complete

17.97 DECISIONS LOG

The Chair noted the circulated Decision Log.

17.98 PRIMARY CARE COMMISSIONING COMMITTEE RISKS

WNCCG Assurance Framework

Members discussed the development of West Norfolk Health as part of risk 5.2. IA outlined the history of the organisation and how a renewed focus on clear CCG expectations should result in significant progress in the near future.

WNCCG Corporate Risk Register

HF confirmed that entries have been made for risks around Finance and Revenues. Any risks around Patient Safety and Quality will be considered when the Quality Director joins the CCG in early October and will be attending PCCC meetings going forward.

Members discussed risk 2.10 and likely date for circulation of the workforce plan. RC reported that meetings are taking place to prepare a draft of this by end September with a completed plan to NHS England by end October.

17.99 FINANCE REPORT

EKM commented on a current significant issue around Prescribing Payments which had been utilising NHS England and CCG resources to resolve by end September. Some reserves are being utilised currently to maintain a break-even position. Expectation to be able to report back on the outcome of Prescribing Payment reconciliation after discussions with NHSE by the end of October. Nothing else of material concern to raise.

Action: EKM to report back on the outcome of Prescribing Payment reconciliation after discussions with NHSE by the end of October

17.100 PRIMARY CARE OPERATIONAL REPORT

RC talked to the circulated paper, highlighting:

Local Enhanced Services (LES) Update The Chair welcomed the 100% acceptance of the 17/18 offer and the intention to commence 18/19 negotiations at an early juncture. SH clarified to the meeting that Appendix A – Level 4 indicated that a full service was being provided.

Demand Management. Members discussed the sign up rate to Clinical Peer Review which requires 100% compliance by end September – work continues on obtaining agreement from remaining 5 WN Practices if possible but there are no contractual levers to ensure compliance.

Referral Support Service PB commented on impact of those practices who submit referrals in hard copy and how this might delay treatment. RC noted that the QEH were planning to stop accepting paper referrals October 2018 and move to electronic referrals only. Plans were being developed to ensure that Practices not already using e-referral would be in a position to switch over, minimising any adverse effect on patients.

Estates CR noted the potential risk to the CCG around any recurrent revenue costs on capital funded projects by NHS England. A letter was received from NHS England this week which outlined a proposal that improvements to GP Practices, outside general maintenance, will need to be signed off by NHS England and the Commissioner. This is contrary to the current Terms of Reference of this Committee which state:

18. The CCG will not be expected to carry out the following functions that are reserved upon NHS England d) Capital Expenditure functions;

Winter Planning The Chair noted the information on addressing Winter Pressures. Members discussed the work on promoting Influenza vaccinations to vulnerable groups. IA commented that an increase in pneumococcal vaccination may have a beneficial impact to prevent infections leading to admission.

17.101 GP FORWARD VIEW

RC talked to the circulated report, highlighting the ongoing work on workforce data and addressing the locality challenges.

Members queried the remit of Health Ambassadors and RC confirmed that this HEE-

led national project was designed to link with schools and colleges to promote and support access to careers in Healthcare. Members discussed how the links between the College of West Anglia and local Trusts and Primary Care could be reinforced to promote WN recruitment and promote positive messages.

RC reported that work is currently underway to submit a bid for Clinical Pharmacist funding by end September.

Members discussed the online accessibility to GP Services, noting that this was a contractual requirement and data was returned on online activity. More promotion of the services available was welcomed.

17.102 COMMITTEE FORWARD LOOK

RC talked to the circulated paper, noting this this was an initial draft and would be refined and populated further with items contained in the System Transformation Plan which affect Primary Care. Members discussed how this provides assurance that the responsibilities of the Committee are addressed as outlined in the Terms of reference.

Members agreed to include a Quality element within the Agenda to be agreed with the Director of Nursing & Quality Assurance when in role at the beginning of October.

The Chair requested that a review of the Committee Terms of Reference be included in the March 2018 meeting.

17.103 ANY OTHER BUSINESS

Members discussed the scheduling of 2018 meetings and how they are impacted by the Finance reporting timetable. Draft schedule to be prepared for circulation.

Action: WNCCG to prepare draft timetable for consideration.

17.104 DATE OF NEXT MEETING

Next meeting will be held on Friday 27th October 2017. Venue to be advised.

There being no further business the meeting closed at 4.19pm