

Minutes of West Norfolk Primary Care Commissioning Committee
Part One (Quorate)
Held on 30th November 2018 2pm
Council Chamber, Town Hall, Saturday Market Place, Kings Lynn PE30 5DQ

Present:

Voting Members

Michelle Barry (Chair)	(MB)	Lay Member	WNCCG
Ian Pinches	(IP)	Lay Member (Audit)	WNCCG
Sue Hayter	(SH)	Governing Body Nurse	WNCCG
Howard Martin	(HM)	Chief Finance Officer	WNCCG
Sarah-Jane Ward (item 18.94 onward)	(SJW)	Director of Nursing & Quality Assurance	WNCCG
John Webster (item 18.96 onward)	(JBW)	Chief Officer	WNCCG
Tim Bishop	(TB)	Lay Member (Patient & Public Involvement)	WNCCG

Non Voting Participants

Steve Lloyd	(SL)	Head of Primary Care	WNCCG
Emma Kriehn-Morris	(EKM)	Deputy Chief Finance Officer	WNCCG
Heather Farley	(HF)	Head of Corporate Affairs	WNCCG
Ben Hogston	(BH)	Deputy Director of Primary Care	STP/WNCCG
Gina Titman	(GT)	Primary Care Transformation Manager	STP/WNCCG
Elizabeth Nockolds	(EN)	Representing Health & Wellbeing Board	BCKLWN
Dr Ian Hume	(IH)	Medical Secretary	N&W LMC
Lindsey Tibble	(LT)	Patient Representative	
Peter Brown	(PB)	Patient Representative	
Fiona Theadom	(FT)		NHS England
Parveen Mercer	(PM)	Assoc Director Primary Care (STP)	GYWCCG

In Attendance:

Arlene Sheppard	(AMS)	Administrative Assistant (Minutes)	WNCCG
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Apologies:

Dr Imran Ahmed	(IA)	CCG Governing Body GP Member	WNCCG
Ross Collett	(RC)	Director of Operations	WNCCG
Alex Stewart	(AS)	Chief Executive	Healthwatch Norfolk

ACTION

18.86 CHAIR'S OPENING COMMENTS AND APOLOGIES

Apologies were received as above. MB welcomed members to the meeting and noted that no members of the public were present. All circulated papers will be taken as read.

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

There were no questions received from members of the public.

18.88 DECLARATIONS OF INTEREST

The Chair reminded committee members of their obligation to declare any interest they may have on issues arising at committee meetings which might conflict with the business of West Norfolk CCG.

Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's Register of Interests. The Register is available either via the Head of Corporate Affairs or on the website at the following link:
<http://www.westnorfolkccg.nhs.uk/about-us/standards-business-conduct-and-registers-interest>

IP reported a recent appointment to the Audit Committee of Saffron Housing Trust and this will be added to the Register of Interests.

18.89 NOTIFICATION OF ANY ITEMS OF URGENT BUSINESS

TB queried the placing of two items on the Part Two section of this Committee – Learning Disability Health Checks (LDHC) and Significant Mental Impairment (SMI). PM confirmed that the LDHC item appears in Part One at item 18.99 and the SMI discussion takes place in Part Two due to the commercially sensitive nature of the content at the current time.

18.90 MINUTES OF THE PREVIOUS MEETING HELD ON 28th September 2018

- Item 18.65 Declarations of Interest. MB requested the spelling of 'Croakley's' be amended to 'Coakley's'.

Subject to the above amendment, members agreed the Minutes were a true record of the meeting.

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

Action 1. HM reported that there was no specific action plan to mitigate Enhanced Services Budget Risk but an explanation of the background to that position would be contained in item 18.93 Finance Report. Action complete.

Action 2. HF reported that the PCCC Risks have been updated and is reflected in the paper circulated. Action complete.

Action 3. Primary Care Operational Report – Business Cases has been added to the Agenda template and future agendas will be adjusted as required. Action complete.

Action 4. Estates Update. An amended paper was circulated after the meeting and approval was received from voting members on 5.10.18. Action complete.

18.69 DECISIONS LOG

The Chair noted the circulated Decision Log.

18.93 FINANCE REPORT

EKM reported that the paper is being developed to align with WNCCG papers presented to Finance & Performance Committee and the Governing Body, feedback and comment welcomed from members. EKM noted:

- Annual Budget of £32.1m is currently forecast to be overspent by £400k. This is mostly driven by Local Enhanced Services (LES) spend. Unanticipated cost pressures outside the Delegated Commissioning Budget have impacted on the contingency in Primary Care Budget which had been put in place.
- The Financial Summary (page 4) details the key elements of Delegated Primary Care with overspends and benefits.

LT suggested that the title page could include 'as at 31.10.18' to improve clarity for the public.

TB welcomed the developments to the report and suggested adoption of the same reporting framework as other Committee papers around 'working well / ones to watch / areas of concern'.

PM suggested that the Financial Summary on page 6 could amalgamate the 'Shared Care' and 'Near Patient Testing' to align with agreed Shared Care arrangements. EKM agreed to incorporate these suggestions in the next report.

Action: Incorporate members suggested amendments on title page, finance summary and shared care into future Finance Reports.

EKM

Members discussed what mitigation might be available to address the unplanned cost pressures. HM confirmed that at this stage in the financial year there were limited options to address the overspend but it had been factored into the overall CCG position which is on track to deliver against its control total. He was concerned that a similar situation did not reoccur in the planning round for 19/20 and a paper analysing financial plans for 19/20 will be brought to the next Committee meeting.

18.94 PRIMARY CARE COMMISSIONING COMMITTEE RISKS

HF talked to the circulated Corporate Risk Register, explaining the three risks added.

- Risk 2.7 Locally Commissioned Services Phase II. PM queried why the Description did not reflect the immediate risk to 31 March 2019 contained in the STP High Level Risk Plan and was scored low on the risk matrix. PM suggested the risk was split into two Phase I (post March 2019) and Phase II (future failure to deliver).

Action: Adjust Corporate Risk Register Risk 2.7 to reflect Phase I and II risks.

HF/BH

- Risk 2.8 Extended Access remained on the register as Phase II around service delivery was being monitored.
- Risk 2.9 International GP Recruitment

Members noted the unhelpful use of 'ongoing' when setting target dates and requested that this should be discouraged in favour of concrete and achievable milestones.

18.95 QUALITY REPORT

SJW talked to the circulated report. Following the recent very positive visit to Litcham Practice, the Quality Team noted the excellent work in using technology and Healthcare Assistants in managing Long Term Conditions. Practice Staff were working with the WNCCG to improve Primary Care support to Learning Disability Health Checks.

PM commented that it might be useful to include Practice actions/areas for improvement to move the CQC rating from 'good' to 'outstanding'. This would align with similar work in other CCGs.

Action: PM/SJW to liaise on CQC /Quality Visit template sharing

PM/SJW

PB requested more information on the Litcham work to assist patients with Long Term Conditions. SL commented that this was included in the Primary Care Operational Report at 18.96.

The Quality Team have received a link to a further Serious Incident reporting website and any issues arising from this will be reported regularly.

IH queried how a national or regional incident such as the Capita Contract might be reported. SJW confirmed that national and/or regional issues would be circulated by NHS England. Some issues may also appear at the appropriate Quality Surveillance Group, attended by NHS Improvement, NHS England and the CCG's. SJW acknowledged that there may be a gap in the reporting loop and would liaise with NHS England Quality colleagues to clarify the position.

Action: WNCCG Quality Team to liaise with NHS England Quality Team to clarify Serious Incident reporting around regional or national incident.

SJW

A report on complaints received and issues arising would be submitted quarterly to this Committee within the Quality Report. Any urgent matters would be brought to the Committee's attention at the earliest meeting.

Members discussed the pathways available for Primary Care patients to complain, through their Practice or via NHS England. There is an explanatory page on the process available on the WNCCG website.

SJW explained the information provided on Antimicrobial use and the improving position. Members welcomed the opportunity to see usage over a longer timeframe. The recent successful event, hosted at QEHL on Self Care and Aspirations, addressed an audience of 260 children and provided information on a range of topics.

18.96 PRIMARY CARE OPERATIONAL REPORT

SL talked to the circulated paper, noting particularly:

- BH explained the Norfolk STP bid to fund Primary Care Networks has very recently been approved to provide £550k of resources. More information on this will be disseminated in the next few weeks and an update will be provided to the next meeting. TB commented that if the figure were divided by the number of Practices it might limit what support can be provided. BH responded that the aim is more about collaborative working and economies of scale rather than individual practice dissemination. GT commented that the funding is designed to kick-start initiatives and further funding will be available from April 2019 via a national programme. Being an Aspirant Integrated Care System (ICS) has enabled access to extra sources of funding. IH welcomed the positive commitment from national organisations to invest in Primary Care Networks and provide a sound Primary Care/General Practice base and our STP plans are predicated on that. HM welcomed the funding and queried the route of distribution. BH replied that, due to the short timeframe to complete and submit the bid, the distribution framework was still in development, possibly using input from the Local Delivery Groups. This is an item for discussion at the next STP Primary Care and Community Workstream meeting.
- SL referred back to PB's question on Long Term Condition developments, explaining that the Patient 500 scheme uses ECLIPSE software aims to extract data from all the Primary Care systems to identify patients at risk of secondary care intervention, enabling early prevention actions. The Healthcare Assistants will monitor this information, ensuring prompt Primary Care contact and appropriate actions. It is working well in Pilot locations and the CCG are looking at ways of incentivising Practices to adopt the scheme.
- SL commented that the workplan table endeavoured to be comprehensive but there was also an amount of 'ad hoc' tasks, depending on demand.

- SL highlighted the 2017/18 Quality and Outcomes Framework (QOF) achievement information. West Norfolk Practices perform well against national averages with only two just under target.

TB commented on the 'Pop-Up' medical installations that appeared during the Summer. West Norfolk Patient Partnership Groups were keen to see an analysis of the outcomes from these events and whether they were effective and provided a valuable service. He also noted the repeat events to be held in Sainsbury's car park at Hardwick over Christmas and whether these were developed from the learnings during the Summer. JBW reported that the Summer events had demonstrated good value and rate of admissions avoidance and that was behind the thinking to repeat the event over Winter. Data is available on numbers and the type of conditions that presented and we can share this.

Action: Distribute the data and learnings from the Summer 2018 'Pop-Up' medical installations.

JBW

18.97 WEST NORFOLK HEALTH

BH reported that the CCG Primary Care Team is working with West Norfolk Health who will commence submitting their own report to this Committee at the next meeting. BH assured members that there were very close links between West Norfolk Health and the CCG. There are now a number of contracts in place which have helped to develop the relationship and their progress is satisfactory.

18.98 SUMMARY OF DELEGATED ACTIVITY IN PRIMARY CARE

FT talked to the circulated paper, noting particularly:

- Interpreting & Translation. Patient forums and outlier Practices will be contacted during mobilisation to explain the move from face-to-face to a telephone-based service. There will be education and training available. Norfolk Healthwatch will be publishing information on the service on their website and in their newsletter. Publication of the successful bidder will take place in the next few weeks. MB queried whether consideration had been given around how a bidder would allocate its bookings in a fair and transparent process. FT responded that the panel did include this in the evaluation process. FT will be providing further information on how the new service will operate at the next meeting. TB suggested that it would be helpful for NHS England to develop a standard logo, link or app that could be used to access the service for distribution across the healthcare organisations.
- NHS England News. A letter has gone out to Practices reminding them of the obligation to be open over the Holiday period. TB noted there will be information available on Practice and Pharmacy opening times to enable the Public best access to Primary Care services.

JBW queried the reference to Extended Hours 14 practices at item 1.1. FT confirmed that 'Extended Hours' refers to a long-standing provision and that 'Improved Access' compliance is 100%. SL noted that Extended Access provided an appointment in a patient's own surgery whereas Improved Access provided an appointment that could take place at an alternative location.

18.99 LEARNING DISABILITY HEALTH CHECKS (LDHC)

PM talked to the circulated report. PB observed that this process seemed to be taking a great deal of time to enact when set against the relatively small number of potential service users. PB also commented on the importance of a clear and measurable strategy on how the checks would be used to improve patient outcomes. P M responded that there had been strong engagement with the local authority on this and the importance of matching the Practice Register and Social Registers to

ensure no patients were missed. SJW reported that a CCG Quality Team member is working closely with the LDHC development. Litcham Practice are happy to support a template on ECLIPSE to capture the data needed for the health checks. Quality Practice visits are also covering the safeguarding aspects and how we support Primary Care colleagues in undertaking LDHC. PM commented that the Group are investigating adopting the 'Blue envelope Scheme' currently in use in Suffolk to highlight important communications to LD patients.

TB declared to members that he was the Trustee of a Learning Disability organisation and then went on to welcome this work. He mentioned that the Improvement Plan circulated seemed to detail process rather than outcome and showed expired dates or no date at all and queried if this was being updated. PM confirmed that updating was in progress and would include outcomes. A progress update and report will be brought to this Committee each quarter.

18.100 PRIMARY CARE POLICY GUIDANCE MANUAL

PM reported that the training workshop for Norfolk and Waveney CCG members had been scheduled for 20th December but this would be cancelled due to the number of apologies received and suggested a new date in March 2019. Members discussed the difficulty of balancing CCG commitments against other pressures and suggested a training event before the next PCCC meeting in February 2019.

Action: Circulate confirmation of 2hr Training event on PC Policy Guidance Manual to take place on 1st February 2019.

HF

18.101 DATE OF NEXT MEETING

Friday 1st February 2019 2pm

There being no further business Part One of the meeting closed at 3.25pm.