

## Hambleton, Richmondshire and Whitby Clinical Commissioning Group

### Joint Commissioning of Primary Care Committee Meeting

#### Draft minutes

**Date:** Tuesday 11 April 2017

**Time:** 3.15 – 5pm

**Location:** HRW CCG, Board Rm 2, Stone Cross, Civic Centre, Northallerton, DL6 2UU.

#### Members:

Name	Initials	Role
Linda Lloyd	(LL - Chair)	Lay Member of Governing Body and Patient & Public Engagement, HRW CCG
Kenneth Readshaw	(KR)	Lay Member of Governing Body and Vice Chair of Co-Commissioning Committee, HRW CCG
Philip Hewitson	(PH)	Lay Member of Governing Body and Vice Chair of Co-Commissioning Committee, HRW CCG
Bernard Chalk	(BC)	Chief Finance Officer, HRW CCG
Gill Collinson	(GCo)	Chief Nurse, HRW CCG
Helen Phillips	(HP)	Primary Care Contracts Manager, NHSE
David Iley	(DI)	Primary Care Business Manager, NHSE

#### Non-voting Members:

Dr Charles Parker	(CP)	Governing Body Chair, HRW CCG
Dr Mark Hodgson	(MH)	Governing Body GP, HRW CCG
Iain Murray	(IM)	Managing Director, Heartbeat Alliance
Katie Needham	(KN)	Public Health Consultant, NYCC
Jane Ritchie	(JR)	HEN Representative (Richmondshire) HRW CCG

#### Attendees:

Sam Haward	(SH)	Head of Strategy, HRW CCG
Cathy Tobin	(CT - minutes)	Committee Secretary, HRW CCG

#### Members of the Public:

Adrienne Calvert	(AC)	Healthwatch
Rachel Martin	(RM)	Improving Care Manager, Diabetes UK, Northern Region
Jim Forrester	(JM)	Over 50's Forum & NYFOP

#### Apologies:

Gillian Laurence	(GL)	Head of Clinical Strategy, (NHSE – North Yorkshire & the Humber)
Michael Rudd	(MR)	Health & Well-being, NYCC
Alison Levin	(AL)	Deputy Chief Finance Officer

Item No.	Agenda Item	Actions
1.	<p><b><u>Chair's welcome &amp; apologies</u></b></p> <p>LL opened the meeting and welcomed the Committee members.</p> <p>Apologies were noted as above.</p>	
2.	<p><b><u>Minutes of the last meeting (Tuesday 17 January 2017) and matters arising</u></b></p> <p>The minutes of the meeting held on 17 January 2017 were reviewed and agreed an as accurate and true record of the meeting with the exception of the following:</p> <p>LL confirmed that Ann McNamara's attendance had been noted as a 'HEN Representative' and listed under 'Members of the Public' when it should have been noted as 'HEN Member' and listed under 'In attendance'. CT to amend the minutes accordingly and distribute to the Committee.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. LL confirmed that Ann McNamara's attendance had been noted as a 'HEN Representative' and listed under 'Members of the Public' when it should have been noted as 'HEN Member' and listed under 'In attendance'. CT to amend the minutes accordingly and distribute to the Committee.</li> </ol>	
3.	<p><b><u>Declarations of Interest</u></b></p> <p>No changes were declared.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> </ol>	
4.	<p><b><u>Questions from Members of the Public</u></b></p> <p>No questions had been sent in advance of the meeting.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> </ol>	
5.	<p><b><u>MCP Roadmap</u></b></p> <p>GCo confirmed that the presentation was still work in progress but will update on the MCP roadmap at the next meeting.</p> <p>GCo verbally updated that discussions are taking place with general practice focusing on diabetes, frailty and MDT working and the CCG would like to work as clusters of practices.</p>	

	<p>GCo confirmed that the operational plan is being developed with localised work with practices taking place for particular pathways. JR queried whether PPGs would be included and GCo confirmed that they were included within the plan.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. GCo confirmed that the presentation was still work in progress but will update on the MCP roadmap at the next meeting.</li> </ol>	
<p>6.</p>	<p><b><u>21<sup>st</sup> Century Primary Care Final Report</u></b></p> <p>IM presented the 21<sup>st</sup> Century Primary Care final report which is a jointly owned project of ten schemes. IM confirmed that some schemes had delivered with more success than others and all with the exception of one project completed. IM also confirmed that the integration of Heartbeat Alliance is progressing along with pharmacists and general practice.</p> <p>GCo confirmed that a significant amount of resource had gone into the patient engagement process. The positive learning from this project had impacted on the next phase of the extended access scheme.</p> <p>HP queried the physiotherapy section and asked if the report could be shared within NHSE in order to help learn lessons for the development of physiotherapy in primary care. It was noted this report was in the public domain.</p> <p>HP also queried the minor ailment scheme which despite not originally being successful, had recently been well received in other CCGs. HP to share the evaluation with SH.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. Minor Ailment scheme - HP also queried the minor ailment scheme which despite not originally being successful in the HRW area, had recently been well received in other CCGs. HP to share the evaluation with SH.</li> </ol>	
<p>7.</p>	<p><b><u>Primary Care 5 Year Forward View</u></b></p> <p>SH presented the Primary Care 5 Year Forward View report with highlights detailed below:</p> <p>Pathways – SH confirmed HRW CCG is actively working on a new model of diabetes care.</p> <p>Extended Access – SH confirmed that the model is ready but CQC registration has delayed the process of commencement for Heartbeat Alliance. IM confirmed that Heartbeat Alliance the process for CQC registration is now underway and the extended access service would be expected to commence in the next 2-3 months.</p>	

	<p>Clinical Pharmacists – SH confirmed that the twelve month scheme is currently being evaluated.</p> <p>Nursing Workforce – SH confirmed that HRW CCG is currently evaluating the scheme at the 12-18 month point, with a view to understand how the lessons can be adopted systematically across all practices and whether a new commissioned service may be appropriate.</p> <p>HP confirmed the HRW funding allocation for resilience was £21k which was half of last year's allocation. HP is hoping to issue the details in the next financial quarter.</p> <p>KN queried the ETTF answers and DI confirmed the two priority schemes as Catterick and Thirsk. DI confirmed that not all the scheme could be supported.</p> <p>GCo confirmed that both Catterick &amp; Thirsk schemes had received feasibility funding and are progressing forwards with a view to determining whether the projects are viable. Two other schemes for Bedale and Quaker's lane may be considered at a later stage.</p> <p style="text-align: center;"><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above, including the breadth of work which is currently being undertaken.</li> </ol>	
<p><b>8.</b></p>	<p><b><u>CQC Update</u></b></p> <p>GCo presented the CQC inspection ratings for all practices that have now been inspected by the CQC. GCo provided assurance to the Committee that the practice that had initially been rated inadequate had since been rated as good and other practices that had been rated as required improvement HRW CCG were working with the practices and did not have any major concerns.</p> <p>CP confirmed it was the first time practices have been inspected by the CQC.</p> <p style="text-align: center;"><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> </ol>	
<p><b>9.</b></p>	<p><b><u>GP Out of Hospital Services</u></b></p> <p>SH verbally updated on the GP Out of Hospital Services and confirmed that following an audit CCG processes needed to be made more robust. SH confirmed quality standards have been changed to reflect this in the up-dated specifications and contract and these are being reported on a quarterly basis. SH also confirmed that activity and quality standards data will be finalized in a detail end of the year report.</p> <p>SH confirmed that pharmacists and step up step down beds are commissioned under the primary care contract with further schemes to follow in 2017/18, including ambulatory ECG recording.</p>	

	<p>KN stated that NYCC also commission services &amp; will bring a paper on what Public Health commission to a future meeting. It would be helpful in this round-up of enhanced services to also list those commissioned by NHS England.</p> <p>LL stated that practices have a list of out of hospital services but was concerned that some patients are probably not aware of minor injury services. CP confirmed that practices have and do display the information, all of which have been designed to prevent patients from travelling too far.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. KN stated that NYCC also commission services &amp; will bring a paper on what Public Health commission to a future meeting.</li> </ol>	
<p><b>10.</b></p>	<p><b><u>NHSE Update</u></b></p> <p>DI confirmed that the ETTF bid for EGC had been approved at a cost of £197k.</p> <p>Clinical Pharmacists in GP Practices – HP confirmed that the criteria had changed and is now a roll-out, the first cut off date was 28 January. HP also confirmed that the first Whitby bid for clinical pharmacists had been declined due to the population being for 26,000 people however the minimum population amount for a bid is 30,000 people. HP also confirmed that the next cut off date had been brought forward to 12 May and that NHSE will distribute the new cut off date.</p> <p>HP also confirmed that the bids are only for new practices and for practices without a forward facing pharmacist within the practice. Other practices can apply but will not be a priority.</p> <p>Criteria</p> <ul style="list-style-type: none"> <li>• Providers applying for the programme must demonstrate that they are working at scale, across a minimum population of at least 30,000.</li> <li>• There will be one full-time senior clinical pharmacist to a maximum of five (total number not WTE) clinical pharmacists.</li> </ul> <p>Contract changes (STP) – HP confirmed that a lot of practices are shutting for half a day and HP stressed that precautionary measures need to be put in place for routine appointments.</p> <p>Enhanced Services – HP stated that following IT issues in some practices that practices are able to submit compensation claims which are to be submitted directly to NHSE.</p> <p>IM stated that seven practices are currently using ‘Ennis’ IT platform but would like to be on System 1, which would enable them to provide extended access. IM confirmed that he has requested funding from NHSE and HP confirmed that IT funding was the responsibility of the CCG. Further discussions are required with IM, BC, &amp; GCo.</p>	

	<p>List cleansing – HP confirmed that Public Health have been set pharmacy targets to undertake six campaigns in each calendar year – HP to forward to CT for onward distribution to the Committee.</p> <p>Financial Summary – HP confirmed that the budget has been set nationally, predicting £621k overspend for HRW CCG.</p> <p>BC stressed the difficulty undertaking the Joint Commissioning meeting with no finance representative attending from NHSE. NHS England will aim to send a finance representative to future meetings - HP to ask David Moore to contact BC.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. ETTF bid cut off date – HP also confirmed that the next cut off date had been brought forward to 12 May and that NHSE will distribute the new cut off date.</li> <li>3. IT - IM stated that seven practices are currently using ‘Ennis’ IT platform but would like to be on System 1, which would enable them to provide extended access. IM confirmed that he has requested funding from NHSE and HP confirmed that IT funding was the responsibility of the CCG. Further discussions are required with IM, BC, &amp; GCo.</li> <li>4. HP confirmed that Public Health have been set pharmacy targets to undertake six campaigns in each calendar year – HP to forward to CT for onward distribution to the Committee.</li> <li>5. NHSE Finance representative - BC stressed the difficulty undertaking the Joint Commissioning meeting with no finance representative attending from NHSE. NHS England will aim to send a finance representative to future meetings - HP to ask David Moore to contact BC.</li> </ol>	
<p><b>11.</b></p>	<p><b><u>Risk Register</u></b></p> <p>BC presented the risk register and confirmed that no changes had been made since the last meeting but would ensure the log is updated for the next meeting.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. Risk register - BC presented the risk register and confirmed that no changes had been made since the last meeting but would ensure the log is updated for the next meeting.</li> </ol>	

<p>12.</p>	<p><b><u>Primary Care Dashboard</u></b></p> <p>Friends &amp; Family test - SH presented the primary care dashboard which provides an overview of primary care performance. One area of concern was identified linked to the Friends &amp; Family test results as not all practices had reported them. SH/HP will jointly remind practices of their responsibilities.</p> <p>Friends &amp; family figures - BC queried the figures as they did not add up to 100%. BC will check with Martin Short.</p> <p>KR queried the GP practice variation figures and requested the figures for the last twelve months. SH confirmed he will be able to compare year-on-year figures in a few months once data on the full 2016/17 financial year is available - SH to update at the next meeting.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> <li>2. Friends &amp; Family test - One area of concern was identified linked to the Friends &amp; Family test results as not all practices had reported them. SH/HP will jointly remind practices of their responsibilities.</li> <li>3. Friends &amp; Family figures - BC queried the figures as they did not add up to 100%. BC will check with Martin Short.</li> <li>4. GP Practice variation figures - KR queried the GP practice variation figures and requested the figures for the last twelve months. SH confirmed he will be able to compare year-on-year figures in a few months once data on the full 2016/17 financial year is available - SH to update at the next meeting.</li> </ol>	
<p>13.</p>	<p><b><u>Any other business</u></b></p> <p>Nothing was raised and the meeting closed at 4.40pm.</p> <p><b>The Committee:</b></p> <ol style="list-style-type: none"> <li>1. Noted the above.</li> </ol>	
<p><b>Date and time of the next meeting:</b> Tuesday 4 July 2017, 3.15 – 5pm, HRW CCG, Board Rm 2, Civic Centre, Stone Cross, Northallerton, DL6 2UU.</p>		

**JOINT COMMISSIONING OF PRIMARY CARE COMMITTEE MEETING**

**ACTION LOG as at 11 April 2017**

Ref	Meeting date	Item	Description	Member Responsible	Action completed / due to be completed
24	17 January 2017	5	<p><b><u>Review Terms of Reference</u></b></p> <p>Practice Managers not invited to JCPCC – GCo to write for authority to Jacqui Moon as Chair of the CoM Committee.</p> <p><b>11/04/17</b> – GCo confirmed that the ToR is being reviewed and that having a practice manager present at the JCPCC meeting was raised at the last CoM meeting - no nominations have been received to date but GCo will chase and update at the next meeting.</p>	<p>GCo</p> <p>GCo</p>	<p>11/04/17</p> <p>04/07/17</p>
25	17 January 2017	6	<p><b><u>Primary Care Strategy &amp; Action Plan</u></b></p> <p>GL confirmed that there is a consultancy panel that is happening within other localities and it is their intention to discuss with the CCG's.</p> <p><b>11/04/17</b> – DNRs and defibrillators in care homes were discussed and GCo confirmed it is being investigated and will update at the next meeting.</p>	<p>GL</p> <p>GCo</p>	<p>11/04/17</p> <p>04/07/17</p>
29	11 April 2017	2	<p><b><u>Minutes of the last meeting (Tuesday 17 January 2017) and matters arising</u></b></p> <p>LL confirmed that Ann McNamara's attendance had been noted as a 'HEN Representative' and listed under 'Members of the Public' when it should have been noted as 'HEN Member' and listed under 'In attendance'. CT to amend the minutes accordingly and distribute to the Committee.</p>	CT	04/07/17

30	11 April 2017	5	<p><b><u>MCP Roadmap</u></b></p> <p>GCo confirmed that the presentation was still work in progress but will update on the MCP roadmap at the next meeting.</p>	GCo	04/07/17
31	11 April 2017	6	<p><b><u>21st Century Primary Care Final Report</u></b></p> <p><b>Minor Ailment scheme</b> – HP also queried the minor ailment scheme which despite not originally being successful, had recently been well received in other CCGs. HP to share the evaluation of other CCGs with SH.</p>	HP	04/07/17
32	11 April 2017	9	<p><b><u>GP Out of Hospital Services</u></b></p> <p>KN stated that NYCC also commission services &amp; will bring a paper on what Public Health commission to a future meeting.</p>	KN	04/07/17
33	11 April 2017	10	<p><b><u>NHSE Update</u></b></p> <p><b>ETTF bid cut off date</b> - HP also confirmed that the next cut off date had been brought forward to 12 May and that NHSE will distribute the new cut off date.</p> <p><b>IT</b> - IM stated that seven practices are currently using 'Ennis' IT platform but would like to be on System 1, which would enable them to provide extended access. IM confirmed that he has requested funding from NHSE and HP confirmed that IT funding was the responsibility of the CCG. Further discussions are required with IM, BC, &amp; GCo.</p> <p><b>List cleansing</b> – HP confirmed that Public Health have been set pharmacy targets to undertake six campaigns in each calendar year – HP to forward to CT for onward distribution to the Committee.</p> <p><b>NHSE Finance representative</b> - BC stressed the difficulty undertaking the Joint Commissioning meeting with no finance representative attending from NHSE. NHS England will aim to send a finance representative to future meetings - HP to ask David Moore to contact BC.</p>	<p>HP</p> <p>IM/BC/GCo</p> <p>HP/CT</p> <p>HP</p>	<p>04/07/17</p> <p>04/07/17</p> <p>04/07/17</p> <p>04/07/17</p>

34	11 April 2017	11	<p><b><u>Risk Register</u></b></p> <p><b>Risk register</b> - BC presented the risk register and confirmed that no changes had been made since the last meeting but would ensure the log is updated for the next meeting.</p>	BC	04/07/17
35	11 April 2017	12	<p><b><u>Primary Care Dashboard</u></b></p> <p><b>Friends &amp; Family test</b> - One area of concern was identified linked to the Friends &amp; Family test results as not all practices had reported them. SH/HP will jointly remind practices of their responsibilities.</p> <p><b>Friends &amp; Family figures</b> - BC queried the figures as they did not add up to 100%. BC will check with Martin Short.</p> <p><b>GP practice Variation figures</b> – GP Practice variation figures - KR queried the GP practice variation figures and requested the figures for the last twelve months. SH confirmed he will be able to compare year-on-year figures in a few months once data on the full 2016/17 financial year is available - SH to update at the next meeting.</p>	SH/HP  BC  SH	04/07/17  04/07/17  04/07/17

**JOINT COMMISSIONING OF PRIMARY CARE COMMITTEE MEETING**

**CLOSED ITEMS as at 11 April 2017**

Ref	Meeting date	Item	Description	Member Responsible	Action completed / due to be completed
21	06 September 2016	4	<p><b>Questions from Members of the Public</b></p> <p>GCo to discuss publications with Amanda Marksby. DW to take the matter forward with the Trust via his Governor role.</p> <p><b>17.01.17</b> – JR stated that she no longer receives information. GCo to clarify how information is issued to members.</p>	<p>GCo / DW</p> <p>GCo</p>	<p>January 2017</p> <p>11/04/17</p>
22	06 September 2016	5	<p><b>Practice Mergers</b></p> <p>HP to check on contracts with regard to practices merging and how this would affect NYCC and services they commission.</p> <p><b>17.01.17</b> – GCo/SM to remind Mowbray House and Mayford House surgeries of the contract procedures following their recent merger.</p> <p><b>Post meeting note:</b> Notification back was that the merger was no longer going ahead.</p>	<p>HP</p> <p>GCo/SM</p>	<p>January 2017</p> <p>11/04/17</p>
23	17 January 2017	4	<p><b>Questions from members of the public</b></p> <p><b>Cataract Referral Process</b> - GCo explained that from referral to treatment should be no longer than 18 weeks and advised MB had the option to complain. GCo offered to raise the complaint on MB's behalf if consent was given.</p>	GCo	11/04/17

25	17 January 2017	6	<p><b>Primary Care Strategy &amp; Action Plan</b></p> <p><b>Hawes missed of HRW CCG map</b> - GCo to follow up with the Communications Manager of HRW CCG.</p> <p>KN queried the role of 'prevention' i.e. self-care within Primary Care and SH confirmed there was a need for this to be developed as part of the key clinical pathways underpinning the strategy.</p>	<p>GCo</p> <p>SH</p>	<p>11/04/17</p> <p>11/04/17</p>
26	17 January 2017	7	<p><b>Primary Care Assurance / IAF</b></p> <p>The CCG will liaise with practices on low vaccination rates and also determine the impact of increased vaccination activity by community pharmacies.</p>	SH	11/04/17
27	17 January 2017	10	<p><b>Primary Care Access – David Iley</b></p> <p>DI confirmed that NHSE and CCG finance teams will be meeting to discuss their financial positions.</p> <p><b>NHSE's figures</b> – DI presented a summary of HRW CCG's financial position including GP services but AL requested a more detailed narrative to fully understand NHSE's figures - AL/GCo will pick up with BC before speaking with NHSE.</p>	<p>DI</p> <p>AL/GCo/BC</p>	<p>11/04/17</p> <p>11/04/17</p>

