

**HAMBLETON, RICHMONDSHIRE AND WHITBY  
 CLINICAL COMMISSIONING GROUP  
 JOINT COMMISSIONING OF PRIMARY CARE COMMITTEE**

**Draft minutes of the meeting of Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) Joint Commissioning of Primary Care Committee held on Tuesday 5 July 2016 in the Main Committee Room, Hambleton District Council, Civic Centre, Stone Cross, Northallerton, DL6 2UU.**

**Present**

David Williams (DW)	Chair, Hambleton, Richmondshire and Whitby CCG (HRW CCG)
Kenneth Readshaw (KR)	Lay Member of Governing Body and Vice Chair of Co-Commissioning Committee, HRW CCG
Janet Probert (JP)	Chief Officer, HRW CCG
Helen Phillips (HP)	Primary Care Contracts Manager, NHS England (NHSE)
Gillian Laurence (GL)	Head of Clinical Strategy, NHSE – (North Yorkshire & the Humber)

**In Attendance**

Dr Mark Hodgson (MH)	Governing Body GP, HRW CCG
Dr Charles Parker (CP)	Governing Body Chair, HRW CCG
Dr Richard James (RJ)	GP Lead for Primary Care development, HRW CCG
Katie Needham (KN)	Consultant in Public Health, NYCC
Michael Rudd (MR)	Head of Commissioning, NYCC
Lisa Pope (LP)	Deputy Chief Operating Officer, HRW CCG
Linda Lloyd (LL)	HEN Representative (Whitby), HRW CCG
Gill Collinson (GCo)	Associate Director of Transformation / Lead Nurse, HRW CCG
Debbie Newton (DN)	Chief Finance & Operating Officer, HRW CCG
Dr George Campbell (GCa)	Governing Body GP Member, HRW CCG
Dr Duncan Rogers (DR)	Heartbeat Alliance
Martin Short (MS)	BI Manager, HRW CCG
Sam Haward (SH)	Head of Strategy, HRW CCG
Nigel Ayre (NA)	Delivery Manager, Healthwatch
Cathy Tobin (CT)	Committee Secretary, HRW CCG (Note Taker)

**Members of the Public**

Maureen Hewitt-Hick (MHH)	HEN Representative, HRW CCG
Sheila Harrisson (SH)	Chairman PPG, Harewood Practice
Ann MacNamara (AM)	HEN Representative, HRW CCG
Chris Parker (CP)	
Judith Beattie (JB)	
Ann Goodall (AG)	

**Apologies**

Stephen Brown (SB)	Chief Executive Officer of Heartbeat Alliance & Managing Partner, Leyburn Medical Practice
Richard Webb (RW)	Corporate Director Health & Adult Services, NYCC
Jayne Ritchie (JR)	HEN Representative (Richmondshire) HRW CCG

## 1. Welcome and Apologies

DW welcomed everyone to the meeting and introductions were made. Apologies were noted, as above.

### Standard items

## 2. Declare Conflicts of Interest

DW asked the Committee if they had any changes to the Declarations of Interest to those declared at previous meetings. Declarations were recorded as follows as per minutes from previous meetings and from updates given at the meeting.

Duncan Rogers declared he was attending the meeting as a representative of Mowbray House Surgery, rather than the Chairman of Heartbeat Alliance.

Nigel Ayre declared he is an elected member of the City of York Council.

Ken Readshaw declared that his wife works for a pharmaceutical company.

Debbie Newton declared an interest as her husband works in the IT department at South Tees Hospitals NHS Foundation Trust (STHFT) and her son works for North Yorkshire County Council (NYCC). Debbie also represents commissioning partners on the Council of Governors of Tees Esk and Wear Valleys NHS Foundation Trust.

David Williams declared an interest as the Director of a property development company, Wath Consulting, and is a member of the Council of Governors at STHFT representing commissioners. His daughter is also a director at Ernst and Young. He also has a small investment in Sirius, a company near Whitby.

Dr Mark Hodgson declared an interest as a GP at Doctor's Lane Surgery, Aldborough St John. He is employed by Harrogate and District NHS Foundation Trust as an Out of Hours GP, his wife is an Occupational Therapist at the Friary Community Hospital and he is a shareholder in the Heartbeat Alliance GP Federation.

Lisa Pope declared an interest as her husband is employed as a Police Officer by North Yorkshire Police.

Linda Lloyd declared that she has shares in REDX Pharma Ltd/Biobeck Pharmaceutical I.P, a pre-clinical drug development and licensing company and has shares through SEIS. She is also Chair of the Trustee Board of Rural Action Yorkshire.

### Committee Members not present:

Stephen Brown declared an interest as he is a managing partner of Leyburn Medical Practice. He is a Director and Chief Executive of Heartbeat Alliance GP Federation and a Partner in Leyburn Community Health LLP. His wife is a Bank Medical Secretary at BMI Woodlands Hospital in Darlington. He also has a personal interest in item 9 of this Agenda.

Georgina Sayers declared an interest as her husband is employed by Carillion PLC who provide services to the NHS, including South Tees NHS.

**The following members declared no interest:**

Janet Probert, Charles Parker, Debbie Newton, Gill Collinson, Martin Short, Helen Phillips, Gillian Laurence, George Campbell, Maureen Hewett-Hick, Sheila Harrison, Ann MacNamara, Sam Haward, Richard Jones, Michael Rudd, Katie Needham & Cathy Tobin

**The Joint Commissioning of Primary Care Committee:**

1. Noted the above.

**3. Minutes of the Last Meeting 1 March 2016 and Action Log**

The minutes of the meeting held on Tuesday 1 March 2016 were reviewed with one change noted below:

Page 1: GL confirmed her name as Gillian Laurence, not Gill as stated in the minutes.

**Action** – CT to amend the minutes prior to the Chair signing and agreeing the minutes as a true record of that meeting.

Action Log:

Refs: 6, 9, 10, 13, 15 & 16 – It was agreed these items were closed and to be removed from the action log.

Ref 14: Review Terms of Reference: LP to organise a quarterly written report to the Governing Body in September.

**The Joint Commissioning of Primary Care Committee :**

1. Noted the above.
2. CT to amend the minutes from 1 March 2016 meeting as above.
3. Chair to approve the minutes of the meeting held on 1 March once the amendment has been actioned.
4. LP to update on the JPCCCC quarterly written report following the next Governing Body.

**4. Questions from members of the public**

Sheila Harrison put her question forward to the Committee which was about 'Funding for the Mental Health Counselling Service at Harewood Medical Practice'.

GC explained the difficult financial position the CCG were in and that the CCG doesn't supply services they commission them. GC was also concerned about equality and governance. A discussion took place about the counselling service explaining that the service went to IAP due to the funding being withdrawn and that the service has not been removed, it just has a new supplier.

DW proposed that the Governing Body meeting include presentations for support services, particularly for mental health to enable a better understanding. JP suggested a discussion at the Governing Body meeting to establish whether a workshop type approach would be worthwhile.

JB raised concerns with regards to the Lambert Hospital and the Chair explained that it was outside the remit of the Committee and would be discussed at another forum.

### **The Joint Commissioning of Primary Care Committee:**

1. Noted the above.
2. CT to liaise with Sharon Leigh to place Mental Health / Counselling Services as an agenda item at the next Governing Body development session.
3. JP to update at the next meeting.

## **Business Items**

### **5. & 6. Primary Care Strategy & Primary Care Assurance Framework**

LP presented both the Primary Care Strategy and Assurance Framework papers for approval which are based on national guidance.

#### **Primary Care Strategy**

This primary care strategy is focused on general medical services, for which the CCG took on joint commissioning responsibility with NHS England from 1 April 2015. NHS England remains solely responsible for optometry, dental and pharmacy services and this strategy does not cover those primary care services. As a membership organisation of GP practices, the CCG is uniquely placed to develop a primary care strategy which has a balanced focus on population health, the place of general practice provision in the wider health and care system, and securing safe and sustainable general practice.

The strategy seeks to establish a shared vision and direction of travel for patient care services, and to address the challenges facing general practice, which are recognised both nationally and locally. Our strategy will note in particular the challenges of delivering primary care in rural areas, and cover the particular concerns felt locally around workload; workforce; financial sustainability; premises; and the relationship of general practice with the wider health and care system.

LP presented the first draft of the paper but stated it is still work in progress and LP sought comments from the Committee. LP also confirmed that once the ETTF and LDR bids have been agreed they will be included.

KR queried how it linked into the operational plan and LP clarified it was a separate part of the plan.

GL queried the alignment again the strategic plans, which LP agreed.

JP congratulated LP on her report(s) and stressed the CCG's commitment for our areas.

DW asked MR to forward and share these documents with NYCC colleagues and feedback at the next meeting. DW also confirmed that papers to be brought back to the Committee at the appropriate time.

#### **Primary Care Assurance Framework**

From the 1st of April 2015 Hambleton, Richmondshire and Whitby CCG took on joint responsibility with NHS England to commission primary medical services. Whilst most health care professionals practice to a very high standard, it is essential that we have in place a robust assurance management programme to secure continuous improvement in quality, identify and share best practice, recognise where additional interventions may be needed and

to highlight when things are going wrong at an early stage in primary medical services provision.

This policy has been written at a time of continuing major change and challenge within the NHS and especially within Primary Care. It has been developed in order to meet the commitments of consistency of approach whilst maintaining local flexibility. It is closely aligned to the NHS Commissioning Board's 'Primary Medical Services Assurance Framework' (June 2013).

This framework and the supporting strategies and tools which we use to assure quality in primary care are underpinned by our commitment to ensuring consistency whilst retaining flexibility and eliminating duplication and waste in the healthcare system.

#### **The Joint Commissioning of Primary Care Committee:**

1. Noted the update.
2. LP to bring the paper back to the Committee when appropriate.

#### **5. Performance Monitoring (Primary Care Dashboard)**

MS presented the Primary Care Dashboard explaining the monitoring tools and mechanisms behind it and how the trigger points are captured. The dashboard highlighted the General Practice Outcome standards, GP High Level indicators, Care Quality Commission, Friends & Family, Referral and Prescribing variations.

JP stated the importance of GP practices having access to the dashboard to enable discussions to take place and MS confirmed he is currently working with the practices to establish the data. LP confirmed the dashboard will be discussed at the locality meetings.

HP stated she was impressed with the dashboard and GC stated it would be beneficial to have NHS England included within it.

DW confirmed that we continue to validate the best GP delivery across the CCGs.

#### **The Joint Commissioning of Primary Care Committee:**

1. Noted the above.
2. MS to circulate the dashboard to GP Practices.

#### **7. Primary Care Update**

HP presented the Primary Care report which highlighted the Estates & Technology Transformation fund 2016/17 together with GP Access fund and confirmed that NHS E would review the bids and provide feedback by mid-August.

HP explained the GP access fund which is funding the support of the seven day working and confirmed that nationally further funding will be issued from NHS England. Provision access will be pre-bookable including weekends with thirty minutes per one thousand additional times. If funding is confirmed for the Heartbeat federation all patients within the federation would need to have access to services.

LL queried the seven day access from the members of the public and whether it was required.

LL also raised concern about any backlog in clinical services i.e. bloods, x-rays etc not being available at weekends.

KR asked NHS England for their assurance with the paper.

### **The Joint Commissioning of Primary Care Committee:**

Noted the update.

1. HP asked members of the CCG to submit queries back to her by mid-August on the Primary Care report.

### **8. Primary Care Nursing Workforce Project**

The purpose of this report is to present a summary of progress to date across the project as a whole, identify key achievements and emerging key issues, and recommend next steps in the development of the project.

This report summarises the key progress with the primary care nursing workforce project based on 6 month reports and the outcomes of a nursing event to share learning and good practice. The report identifies key successes and achievements and highlights key emerging issues and problems. A series of next steps are outlined to take forward the project over the next six months.

SH presented the Primary Care Nursing Workforce report and explained the ethos for better working practices, which are to share and co-operate with each other. SH also explained that the project allows barriers to be broken down between the practices, together with improvements between nurses and care homes etc. The report demonstrates that services for people living rurally has improved. SH also stated that patient engagement is key to how practices work to strengthen engagement and systemise learning and achievements.

The Primary Care Co-commissioning Committee was asked to note the progress to date and support continuation of the project subject to the actions and next steps set out in the attached report.

GCo updated that relationships have improved and nursing leadership is being promoted across the patch. GCo also confirmed that practice nurse forums will be set up. GCo stressed the need to look at what is and isn't delivering well which includes frailty pathway. SH confirmed it is a two year project with the potential implementation at the end of the project.

KR reinforced that we need to access the value for money and need to back the KPIs to ascertain this.

JP stressed that allowing patients to remain in their community is good practice.

LL queried how to gain feedback from the PPGs which GCo explained.

DW queried resistance to these organisational changes and SH confirmed that attendance and commitment at the event was positive.

Charles Parker queried about the Thirsk area which has clusters of people aged over 50-60 and stated that clinical help at an earlier age would be more advantageous than when the illness strikes.

SH confirmed that KPIs and follow up visits are being undertaken and to bring an updated

paper no later than twelve months. SH also confirmed the project will be distributed upon completion.

GL queried best practice with the project and GCo confirmed that the frailty indicator had been very powerful and the use of community transport does help reduce isolation.

#### **The Joint Commissioning of Primary Care Committee:**

1. Noted the update.
2. SH to bring an updated paper no later than twelve months and to distribute it upon completion.

#### **9. Patient Participant Groups Update**

Patient Participation Groups (PPG) is a contractual requirement for all English practices (from 1 April 2015) and practices were required to have or to form a PPG within 2015/16. The membership of the PPG should reflect the practice population. The purpose of the PPG is to engage with patients including obtaining patient feedback and where appropriate agree to act upon suggestions for improvement. Pre – April 2015 there was an additional financial incentive to establish a PPG. From April 2015 this has now been included within the standard contract.

PPGs actively support the achievement of two key Equality & Diversity goals namely better health outcomes for all and improved patient access and experience. The overview demonstrates however that in some areas General Practices struggle to interest the whole range of patients served, for example patients aged under 18.

PPGs are a key mechanism for both Primary Care and CCGs to engage with registered local populations. The current audit shows that all but one practice has a PPG and that there is wide variation in membership, frequency of contact/meetings etc. There is scope for the role of PPGs to be further enhanced across the patch and for it to be a more systematic route for involving patients and gaining feedback on patient experience in primary care.

GCo presented the Patient Participant Group (PPG) report which has been undertaken to support the further development of the PPG and how they can be strengthened and more fully utilised as a key mechanism for patient engagement in primary care. An update was provided for one PPG.

LL queried about PPG members raising questions between other forums and GCo advised that questions would be dealt with by the Communications team.

#### **The Joint Commissioning of Primary Care Committee:**

1. Noted the above.

#### **10. Any other business – Local Enhanced Schemes (LP)**

LP informed the Committee on behalf of Harewood, Catterick and Colburn about the Armed Forces for families enhanced scheme and that the money to rebalance the loss of premium has been recognised from NHS England. Therefore HRW CCG are now commissioning the scheme.

DW concluded the Committee meeting and was pleased attendees had the right to speak freely during the meeting.

**DATE OF NEXT MEETING:** The next Joint Commissioning of Primary Care Committee meeting will be held on **Tuesday 6 September 2016 3 – 4.45pm** at the **Evolution Business**

Centre, 6 County Business Park, Darlington Road, Northallerton, DL6 2NQ.



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CLINICAL COMMISSIONING GROUP**

Appendix A

**JOINT COMMISSIONING OF PRIMARY CARE COMMITTEE**

**ACTION LOG as at 5 July 2016**

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
14	1 March 2016	5	<p>JP to announce the non-voting member from the Council.</p> <p><b>05/07/16</b> - LP to update on the JPCCCC quarterly to the next Governing Body.</p> <p><b>05/07/16</b> – KR confirmed that nothing had been raised from the Joint Commissioning meeting to the Governing Body meeting but queried the lack of clarity between the two.</p> <p><b>05/07/16</b> - DR raised the issue of level 3 and JP confirmed that level 3 is not currently feasible due to capacity issues, however will be looked at in the future. DN confirmed that any decisions would go through the Council of Members meeting.</p> <p><b>05/07/2016</b> – Terms of Reference - HP will confirm the process for enabling GP practices to report issues with the Capita service.</p> <p>NYCC Representation – Richard Webb / Michael Rudd (NYCC) to update once positions have been filled.</p>	<p>JP</p> <p>LP</p> <p>HP</p> <p>RW/MR</p>	<p>22 September 2016</p> <p>September 2016</p> <p>September 2016</p>

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
15	5 July 2016	3	<p><b>Minutes 1 March 2016</b> - GL confirmed her name as Gillian Laurence, not Gill as stated in the minutes - CT to amend the minutes prior to the Chair signing and agreeing the minutes as a true record of that meeting.</p> <p><b>Review Terms of Reference:</b> LP to organise a quarterly written report to the Governing Body in September.</p>	<p>CT/DW</p> <p>LP</p>	<p>September 2016</p> <p>22 September 2016</p>
16	5 July 2016	4	<p><b>Support Service Workshop</b> - DW proposed the Governing Body meeting include presentations for support services, particularly for Mental Health to enable a better understanding, JP suggested a discussion at the Governing Body meeting to establish whether a workshop type approach would be worthwhile. CT to liaise with Sharon Leigh to place Mental Health / Counselling Services as an agenda item at the next Governing Body development session and JP to update at the next meeting.</p>	CT/JP	September 2016
17	5 July 2016	5	<p><b>Primary Care Strategy &amp; Assurance Framework</b> – DW asked MR to forward and share these documents with NYCC colleagues. DW also confirmed that papers to be brought back to the Committee at the appropriate time.</p>	<p>MR</p> <p>LP</p>	September 2016
18	5 July 2016	5	<p><b>Performance Monitoring (Primary Care Dashboard)</b> - MS to circulate the dashboard to GP Practices.</p>	MS	

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
19	5 July 2016	7	<b>Primary Care update</b> - HP asked members of the CCG to submit queries back to her by mid-August on the Primary Care report.	ALL	
20	5 July 2016	8	<b>Primary Care Nursing Workforce Project</b> - SH to bring an updated paper no later than twelve months. SH also confirmed the project will be distributed upon completion.	SH	

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**JOINT COMMISSIONING OF PRIMARY CARE COMMITTEE**

**CLOSED ACTION LOG as at 5 July 2016**

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
6	14 July 2015	12	<p><b>Programme setting</b>  <b>6 October 2015 Update :</b></p> <ul style="list-style-type: none"> <li>• GCo to present a paper on Patient Participation Groups once the information has been collated .</li> </ul> <p><b>1/03/2016 : Defer to next meeting</b></p>	GCo	February 2016
9	1 September 2015	8	<p><b>Primary Care Nursing Workforce Project</b>  A review of the project to be brought back to this Committee in 6 months.</p>	MH	May 2016
10	1 September 2015	9	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>- JR to contact Teesside University regarding a film/ video by their media department.</li> </ul> <p>3 Nov 2015 update : It was agreed that Gill Collinson/ DN / GS progress with this.  <b>01/03/2016 : No update as yet – GS to follow up with DN and GCo.</b></p>	Gill Collinson / DN / GS	February 2016
13	1 December 2015	4	<p><b>Question from Cllr Borman</b>  CP to organize a meeting with Cllr Borman to discuss his concerns.</p>	CP	June 2016

14	1 March 2016	15	<b>Review Terms of Reference</b> LP to send the scheme of delegation (as referred to in item 6 of the TOR) to all members. -	LP	July 2016
15	1 March 2016	6	<b>Primary Care Nursing Workforce Project</b> An update to be given once the reports have been received and collated.	SH / RJ	June 2016
16	1 March 2016	9	<b>Harewood / Leyburn merger</b> CB to organize a meeting before or after the GB meeting for key members should the PMS issues not be resolved.	CB	June 2016