



Putting good health *into practice* **Nottingham North and East  
Clinical Commissioning Group**

**MINUTES – Extraordinary Session**

**Nottingham North & East Clinical Commissioning Group  
Primary Care Commissioning Committee**

**13<sup>th</sup> March 2018**

**Chappell Room, Civic Centre, Arnot Hill Park**

**Members**

Terry Allen (TA)	Lay Member – Financial Management & Audit
Janet Champion (JC)	Lay Member – Patient and Public Involvement
Esther Gaskill (EG)	Head of Primary Care Quality
Sharon Pickett (SP)	Deputy Chief Officer
Ian Livsey (IL)	Deputy Chief Finance Officer

**In attendance**

Emma Pearson (EP)	Governance Manager (note taker)
Julie Kent (JK)	Primary Care Support Officer, NHS England
Stewart Newman (SN)	Director of Commissioning

**Apologies**

Dr Caitriona Kennedy (CK)	GP Representative
Dr Parm Panesar (PP)	GP Representative
Mike Wilkins (MW)	Lay Member – Primary Care (Chair)

<b>Agenda Item Ref No:</b>		<b>Actions</b>
<b>CPCCC 18/009</b>	<p><b>Welcome &amp; Apologies</b></p> <p>Terry Allen (TA) welcomed attendees and apologies were noted as above.</p>	
<b>CPCCC 18/010</b>	<p><b>Declaration of Interests</b></p> <p>TA reminded committee members of their obligation to declare any interests they may have on any issues arising at committee meetings which might conflict with the business of the CCG.</p> <p>Declarations of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the CCG or on the CCG website at the following link:  <a href="http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/">http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</a></p> <p>EP confirmed that prior to the meeting Dr Parm Panesar and Dr Caitriona Kennedy (CK) had declared a Professional and Financial Conflict of interest in relation to agenda item 18/012 due their roles within General</p>	

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	Practice. It was agreed prior to the meeting that they would not attend the Committee or receive the papers for item 18/012.	
CPCCC 18/011	<p><b>Strengthening Assurance of Delegated Commissioning</b></p> <p>TA explained that a letter had been received by Audit Chairs and Accountable Officers in relation to strengthening assurance of delegated commissioning and confirmed that a self-reported assessment of compliance in relation to Primary Care polices would be included in the annual Primary Care Activity Report. TA explained that a CCG would be required to publish a report on the outcomes of their delegated authority.</p> <p>Sharon Pickett (SP) noted that that the CCG had undertaken a review previously and questioned if this would need to be repeated. TA confirmed that it would need to be repeated annually however there was scope within in the internal audit plan to undertake this. Janet Champion (JC) agreed that the commissioning outcomes should be audited.</p> <p>The Committee</p> <p><b>Acknowledged</b> the Strengthening Assurance of Delegated Commissioning letter</p>	
CPCCC 18/012	<p><b>GP Enhanced Delivery Scheme and other Enhanced Services for 2018/19</b></p> <p>Stewart Newman (SN) presented the GP Enhanced Delivery Scheme and other Enhanced Services for 2018/19 and highlighted the following points;</p> <p>A contract variation was required to the 2017/18 enhance service in relation to the prescribing of antiviral drugs throughout the flus season, JC queried the value of the variation, SN confirmed that the value of the enhanced service was minimal.</p> <p>SN provided an overview of the proposed 2018/19 enhanced services and the following points were noted;</p> <p>Anti-coagulation monitoring: It was proposed to offer Level 2 and Level 4 specifications. SN explained that the South CCG had 100% coverage with in Primary Care however Nottingham City didn't. SN confirmed that work was underway to investigate if it would be cost effective for the service to be delivered within the Community.</p> <p>Diabetes: The current specification across Greater Nottingham differed and the proposal would standardise the service. SN explained that the County model was more expensive than the City model and during 2018/19 the team would evaluate the impact of the City model with the possibility that it would be procured across County.</p> <p>Enhanced Support Care Homes: SN explained that the different models were currently place and Nottingham City CCG had withdrawn the enhanced service from General Practice and commissioned Nottingham</p>	

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	<p>CityCare Partnerships. SN explained that the pay rates differed across Greater Nottingham and the proposal to remain the summer would allow for the tea models are different with West being paid less. SN confirmed that the proposal was to continue to run as we are to allow time to review and evaluate. TA queried if the CCG monitors quality? SN confirmed that Age UK provides feedback on the support received by the practices, and Candice Lau has a good relationship with the care homes.</p> <p>PSA Monitoring: It was proposed to align the specifications across Greater Nottingham however the cost of the service would not change.</p> <p>Sharing Care Medication Monitoring: The proposal was to standard the specification at the current average price which was £85 per patient. TA queried if the shared care medication monitoring was agreed by the Area Prescribing Team, SN confirmed it was not undertake by the Area Prescribing Team however they were responsible for agreeing the financial implications. SN confirmed that the team had achieved a reduction of circa £18k.</p> <p>SN explained that the Financial Recovery Group had requested that the Greater Nottingham CCGs standardise their Enhanced Schemes and it had been a challenge. SN noted that the main difference across Greater Nottingham was around the payment mechanisms and difference is the specifications. It was acknowledged that the CCGs would need to be sensitive to ensure that practices in City and Rushcliffe do not become discouraged.</p> <p>Primary Care Enhanced Delivery Schemes: The proposed new delivery scheme would have three components including a Gateway payment of £90 per head of population which was an increase of £3 per patient. TA queried was the total cost was, SN confirmed that it was an extra £1.3 million. SN explained that the Nottingham City practices would not receive an additional payment.</p> <p>Ian Livsey queried if the mandatory £5 additional funding per head of population was included in the £1.3 million, SN confirmed it was included.</p> <p>SP confirmed that the specification had been given approval via the Financial Recovery Group. TA challenged if the Chief Finance Officer was present with the detail of the scheme available, SP confirmed that the scheme had faced challenge via various methods and the teams had worked together to align them explaining that SN and DR Ian Trimble had worked tirelessly to develop the beginnings of an aligned specification across Greater Nottingham. SP explained that CCG were required to increase the £ per head of population and the proposal included the PMS premium, the BCF payments and the required increase of £3 per head.</p> <p>SN agreed to send IL and TA the financial details and identified implications.</p> <p>There was a delivery element to the payment and the CCG would monitor practices performance.</p>	

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	<p>The CCG had agreed to allow practices to deliver individually or as a federation and working at scale was encourage.</p> <p>The Committee</p> <p><b>Approved</b> the contract variation for 2017/18</p> <p><b>Approved</b> the GP Enhanced Delivery Scheme and other Enhanced Services for 2018/19</p>	
CPCCC 18/013	<p><b>Risks identified during the course of the meeting</b></p> <p>There were no risks identified during the meeting.</p>	
CPCCC 18/014	<p><b>Any Other Business</b></p> <p>TA raised that the General Data Protection Regulations were applicable to each indivial General Practice and Pharmacy and it was stated that they must have access to a Data Protection Officer; TA queried how the practices had prepared. Julie Kent (JK) confirmed that it was featured on the LMC website. SN confirmed that Racheal Rees has been organising Information Governance training for the practices. SP queried how it would be monitored, Esther Gaskill suggested that it maybe via the CQC and the IG Toolkit. JK agreed to investigate who would be responsible for monitoring compliance and what was required.</p>	JK
	<p><b>Date, Time and Venue of Next Meeting</b></p> <p><b>SIGNED:</b> ..... (Chair)</p> <p><b>DATE:</b> .....</p>	