

Nottingham North and East Clinical Commissioning Group

Primary Care Commissioning Committee
Ratified Minutes of the Public Meeting held on
Thursday 2 August 2018, 09:30 – 10:45
Committee Room, Gedling Civic Centre, Arnot Hill Park

Members

Mike Wilkins (MW)	Lay Member – Primary Care (Chair)
Jonathan Bemrose (JB)	Chief Finance Officer
Janet Champion (JC)	Lay Member – Patient and Public Involvement
Esther Gaskill (EG)	Head of Primary Care Quality
Dr Parm Panesar (PP)	GP Representative
Sharon Pickett (SP)	Deputy Chief Officer

In attendance

Fiona Daws (FD)	Governance Officer (minutes)
Julie Kent (JK)	Contract Manager, NHS England
Rachael Rees (RR)	Head of Primary Care & MCP Development

Apologies

Terry Allen (TA)	Lay Member – Financial Management & Audit
Nichola Bramhall (NB)	Chief Nurse and Director of Quality
Dr Caitriona Kennedy (CK)	GP Representative
Ian Livsey (IL)	Deputy Chief Finance Officer

Kerrie Woods (KW) Senior Contract Manager, NHS England

Member's cumulative attendance 2018/19

Name	Possible to date	Actual	Name	Possible to date	Actual
Mike Wilkins	2	2	Esther Gaskill	2	2
Terry Allen	2	0	Ian Livsey	2	1
Janet Champion	2	2	Parm Panesar	2	1
Sharon Pickett	2	2	Caitriona Kennedy	2	0

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Introductory Items

PCCC 18 029

Welcome and apologies

Mike Wilkins welcomed everyone to the Nottingham North and East Primary Care Commissioning Committee.

Apologies were received from Terry Allen, Nichola Bramhall, Caitriona Kennedy, Ian Livsey and Kerrie Woods.

Julie Kent attended as deputy for Kerrie Woods.

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Jonathan Bemrose attended as deputy for Ian Livsey.

PCCC 18 030 Confirmation of quoracy

Janet Champion advised that she is standing down from Primary Care Committee/Panel meetings for Nottingham North and East and Nottingham City CCG due to her taking on an alternative portfolio. Janet was thanked for her contribution and experience that she brought to these forums, which will be greatly missed.

It was noted that discussions are due to take place regarding the future of the Primary Care Commissioning Committees/Panels across Greater Nottingham CCG, where a variety of options for their future structure and governance will be considered.

It was confirmed that the meeting is quorate. Given Janet's departure as a PCCC member it was agreed that both Terry Allen's and Mike Wilkins' availability should be checked to ensure that quoracy is maintained in the interim.

PCCC 18 031 Declarations of interest for any item on the agenda

No areas of interest were declared in relation to any item on the agenda. The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

PCCC 18 032 Management of any real or perceived conflicts of interest

Not required as no conflicts of interest had been identified.

PCCC 18 033 Questions from the public

It was confirmed that there no questions from the public had been received.

PCCC 18 034 Minutes of the meeting held on 5 April 2018

The minutes were agreed as an accurate record, when the following amendments have been made, and will be signed by the Chair.

- a) Julie Kent's title should read Contracts Manager.

Post meeting note – the cumulative attendance for 2018/19 has been updated to reflect attendance from the new financial year.

PCCC 18 035 Matters arising and actions from the meeting held on 5 April 2018

The following progress regarding actions was highlighted:

- a) **PCCC 18 022 – audit record tool** – practice interest has been expressed and the audit tool will be launched across Greater Nottingham CCGs, supported by appropriate communications.
- b) **PCCC 18 023 – CQC return inspection of the Ivy Medical Group** – the highlight report in the next agenda item, notes the "good" overall rating that Ivy Medical Group received when they had a further full inspection in April 2018. Clarification of the timing of the reports referred to in the minutes of 5 April 2018 was sought. Esther checked the highlight report from that time period and confirmed that the minutes were incorrect and required amendment. Fiona Daws will update the minutes accordingly.

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- c) **PCCC 18 024 – General Medical Services contract (GMS) update –** no further updates have been received since the previous meeting. Clarification is still required regarding non-current investment. This item is to remain on the action log as ongoing until clarification is received.

There were no other matters arising in relation the minutes.

Agenda Items

PCCC 18 036

Primary Care Quality Highlight Report

Esther Gaskill presented this item highlighting the following:

- a) Dashboard results were available from mid-June 2018, with the majority of practices achieving an overall “green” rating and notably West Oak achieving a “green star”.
- b) Peacock and Highcroft achieved an overall “amber” rating.
- c) Highcroft are expecting a CQC inspection soon and Peacock’s inspection in April 2018 received “good” in each domain – this is an excellent achievement and was acknowledged by the Committee.
- d) The OM Surgery received a rating of “requires improvement” in its overall rating following its inspection in December 2017. The practice is awaiting a further inspection. Both Rachael Rees and Esther Gaskill, as well as the Pharmacy team, have visited the practice in readiness and are confident with the progress made.

The following points were raised in discussion:

- e) This is a very positive report for Nottingham North and East overall and there is optimism that improvements will continue.

Mike thanked Esther for presenting the report.

The Committee:

NOTED The Q1 2018/2019 Primary Care Quality Highlight Report.

PCCC 18 037

Primary Care Quality Group – Annual Report

Esther Gaskill presented this item and highlighted the following:

- a) The report highlights attendance and quoracy for the Group along with achievements in 2017/18 and highlights priorities for 2018/19.
- b) The second splenectomy audit has been undertaken in quarter four of 2017/18, the results of which will be collated and presented to practices and the PCCC.
- c) Good assurance was received in general for sepsis awareness and identification, and management is embedded.

The following items were raised in discussion:

- d) The 360 Assurance self-assessment audit is to be reviewed.
- e) It is expected that Primary Care quality is likely to be managed by the Primary care Commissioning Committee rather than the newly formed Quality and Performance Committee.
- f) It was acknowledged that sepsis issues have progressed and this is encouraging news.

Mike thanked Esther for summarising the report.

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The Committee:

ACKNOWLEDGED the Primary Care Quality Groups' 2017/18 Annual Report and **NOTED** the priorities identified for 2018/19.

PCCC 18 038

Primary Care Quality Group – Terms of Reference

Esther Gaskill presented this item. The following key areas were highlighted:

- a) The Terms of Reference have been refreshed and updated.
- b) The summary of the changes to the Terms of Reference relate to membership, attendees and reporting.

The Committee:

APPROVED the Primary Care Quality Group's Terms of Reference

PCCC 18 039

Primary Care Quality Assurance Framework and Support and Escalation Flowchart

Esther Gaskill presented this item and described the purpose of the paper and the flow chart highlighting:

- a) There are few changes but these include the Nottingham City Groups which have different titles.

The following points were raised in discussion:

- b) The lines on the chart indicate that the process loops back round.

Mike thanked Esther for the report summary.

The Committee:

APPROVED The Primary Care Quality Assurance Framework and the Escalation and Support Flowchart

PCCC 18 040

General Practice Forward View Update (GPFV)

Rachael Rees presented this item.

The following key areas were highlighted:

- a) The update report described what's been taking place over the past few months and the GP Forward View is now in its second year.

Key messages are around:

- b) **Access –**
 - **Extended hours** -the development of extended hours is progressing. From 1st September 2018, practices within the CCG will provide an additional 76 hours per week on a rota basis.
- c) **Workload –**
 - **Resilience Fund** - good progress is being made regarding the Resilience Fund and 10 High Impact Actions. Confirmation of the Resilience Fund has just been received from NHSE.
 - **Practice Manager Funding** - we have received funding for practice manager development for 3 areas; building personal resilience; being a resilient leader; developing your coaching style to improve performance. The sessions were very well received by those practices who took part. A draft plan being devised in readiness should further money be available.
- d) **Workforce –**
 - **Workforce Plan** - as the STP workforce plan covers the entire

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- STP footprint, we are currently awaiting an update on progress.
- International GP recruitment - implementation has been slightly delayed.
 - **Pharmacists in Primary Care** - we are actively promoting different ways of working including, enhancing skill mix,
 - **Physician Associates** - Physician Associates will have a science degree (but can't prescribe) and have 2-3 years training in a medical discipline. They can go into the practice and do targeted work such as low level long term conditions and provide clinical administrative reports to help the administrative burden. . Physician Associates are quite new and value added will be explored.
 - **Retention Fund** – NHSE published the details of the Retention Fund in May 2018. There is a plan in place by the STP which is developing, of how the fund can be managed.
- e) **Infrastructure** –
- **Calverton** - the Calverton extension should be completed by Christmas this year.
 - **Hucknall** - the Hucknall practices are developing an outline business case.
 - **Digital Consultations** - Initial investigations regarding digital consultations is taking place and scoping the systems that are available.
- f) **Models of care** –
- **Working at scale** - plans continue to be developed.
 - **Federation** - all NNE practice agreed to for a federation organisation in June 2018. The federation links into the pre-existing PICS (Primary Integrated Care Services) to be known as PICS NNE. The first task is the extended access provision.
- g) **Finance** – this is being managed across all work streams.

The following points were raised in discussion:

- a) PICS NNE is not a limited company but PICS Limited is. It was created by the GPs in Nottingham West CCG as part of their federation to provide community services. PICS NNE is part of that group but with no influence over the PICS business.
- b) As localities, federative working is in its infancy for NNE and work continues. GPs currently meet on their own as providers but this will develop to include the CCGs and partners to deliver a collaborative approach.

Mike stated that the report is really interesting and comprehensive and thanked Rachael for the paper and discussion.

The Committee:

ACKNOWLEDGED this report and the content of the paper.

PCCC 18 041

Extended Access Update

Rachael Rees presented this item and highlighted the following key areas:

- a) The paper is an update on the mobilisation of the extended access services within NNE.
- b) Funding to provide access to primary care on weekday evenings after 18:30 and access at weekends is £3.34 per head for 2018/19, rising to

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- £6.00 per head in 2019/20. The effective date has been brought forward from 1st October to 1st September 2018. PICS NNE are facilitating the service implementation and the programme is currently on track. Extended access will be delivered by practices on a rota basis, details of which are currently being finalised. The 76 hours are being delivered across the practices, booked through the patient's own practice. NNE CCG has joined with Nottingham West as they have almost similar requirement and we are working together to ensure mobilisation.
- c) The Service Specification is aligned with Rushcliffe and Nottingham City CCGs for consistency. The Alternative Provider Medical Services Contract (APMS) has been written and is ready for signing.
 - d) Communications plan – NHS England have provided templates for advertising which will be used as a basis for launching the Extended Access service to the public. Utilisation of the service will be reviewed, followed by a targeted communication approach, where this is appropriate. The communications team are currently developing a Greater Nottingham approach to ensure consistency of message.
 - e) IT infrastructure – PICS Limited has a SystmOne bolt on unit, being installed and attached to practices. The programme is on target with priority focussed on those practices that goes live in September 2018. Training is being rolled out during August 2018. The national IT infrastructure was discussed highlighting that work is underway.
 - f) The Equality Impact Assessment has been completed and signed off and the Privacy Impact Assessment has been drafted and due to be reviewed by the Information Governance lead.
 - g) Utilisation reports will be provided monthly by PICS NNE and shared with NHS England and the Primary Care Commissioning Committee.

The following points were raised in discussion:

- h) The communications strategy will be a combination of various approaches and will include social media, posters and leaflets in various languages.

Mike thanked Rachael for presenting the report, noting that a lot of excellent work has been done and is continuing.

The Committee:

ACKNOWLEDGED this report and the content of the paper.

Rachael left the meeting.

PCCC 18 042

Primary Care Commissioning Finance Update

Jonathan Bemrose presented this item and highlighted the following key areas:

- a) The overall position is one of breakeven for NNE primary care against both year to date and forecast control totals.
- b) However, there is pressure across the Greater Nottinghamshire CCGs.
- c) The full year £26m overspend for the 4 Greater Nottingham CCGs is subject to the normal support from NHSE. An invitation to undertake a deep dive in August 2018 has been received.
- d) A refocus of the financial recovery process has been undertaken and included the Financial Recovery Delivery Group (FRDG) meeting twice in the last week with executive attendance to ensure that a clear message is communicated with the aim of ensuring that we don't go further into the red.

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- e) This is particularly challenging due to our recent restructuring and a settling down period. We still, however, need to focus on what we need to do and make resources available to reduce this £26m.
- f) Should the deficit not reduce, it will affect the level of savings next year and could ultimately change our pilot status. Jonathan explained all the resources and opportunities that currently exist that we are embracing.
- g) The table in 1.5 shows the pressure that we are experiencing, in particular across acute services.

There were no points raised in discussion:

Mike thanked Jonathan for presenting the report.

The Committee:

ACKNOWLEDGED and **APPROVED** this report.

PCCC 18 043

Any other business

There was no other business to report.

PCCC 18 044

Risks identified during the course of the meeting

The following items were identified as risks:

- No risk were identified.

PCCC 18 45

Date of next meeting:

Thursday 4 October 2018, 09:30 – 11:30

Committee Meeting Room, Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU

The meeting closed at 10:45.

Signed:
Chair

Date: