



Putting good health *into practice*

# Nottingham North and East Clinical Commissioning Group

## MINUTES - PUBLIC

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

Public Meeting 1st February 2018  
In the Committee Room, Civic Centre, Arnot Hill Park

#### Members

Mike Wilkins (MW)	Lay Member – Primary Care (Chair)
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
Stewart Newman (SN)	Director of Commissioning
Dr Parm Panesar (PP)	GP Representative
Ian Livsey (IL)	Deputy Chief Finance Officer

#### In attendance

Michelle Barksby	LMC Representative
Emma Pearson (EP)	Governance Manager - minutes
Rachael Rees (RR)	Head of Primary Care
Vickie Walker (VW)	Senior Service Improvement Manager
Kerrie Woods	Senior Contract Manager, NHS England

#### Apologies

Sharon Pickett (SP)	Deputy Chief Officer
Dr Caitriona Kennedy (CK)	GP Representative
Julie Kent (JK)	Primary Care Support Officer, NHS England
Julia Wong (JWo)	Primary Care Support Officer, NHS England
Michael Wright (MWrr)	Chief Executive, LMC

#### Cumulative attendance 2017/18 (UPDATE ACTUAL WITH THIS MEETINGS ATTENDANCE)

Name	Possible to date	Actual	Name	Possible to date	Actual
Mike Wilkins	6	4	Esther Gaskill	6	5 1x Deputy
Terry Allen	6	5	Ian Livsey	6	3
Janet Champion	6	5	Parm Panesar	6	4
Sharon Pickett	6	6 1x Deputy	Caitriona Kennedy	5	3

Agenda Item Ref No:		Actions
PCCC 18/001	<p><b>Welcome &amp; Apologies</b> Mike Wilkins (MW) welcomed attendees and apologies were noted as above.</p>	
PCCC 18/002	<p><b>Declaration of Interests</b> MW 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>Michelle Barksby (MB) declared a profession interest and confirmed that she was leaving the LMC to take a position as a Practice Manager in the North of the County. It was agreed that MB could remain in attendance.</p> <p>The meeting was declared quorate.</p>	
PCCC 18/003	<p><b>Questions from the Public relating to the Agenda</b> Emma Pearson (EP) confirmed that no questions had been received from members of the public.</p>	
PCCC 18/004	<p><b>Minutes from Meeting held on 7<sup>th</sup> December 2017</b> The Committee <b>considered and approved</b> the previous minutes of 7<sup>th</sup> December as an accurate record subject to a minor spelling mistake and the change noted below;</p> <p>Dr Parm Panesar (PP) confirmed that Dr Shetty was a substantive salaried GP and not a locum GP.</p>	
PCCC 18/005	<p><b>Matters Arising from the meeting on 7<sup>th</sup> December 2017 and action log</b> MW reviewed the matters arising and action log with the following updates:</p> <p>PCCC 17/118: Kerrie Woods confirmed that the premises size had been corrected to 158.9 square meters.</p> <p>PCCC 17/117: KW confirmed that a response letter to Dr Panesar had been drafted.</p>	
PCCC 18/006	<p><b>Principles for the Development of Estates</b> Stewart Newman (SN) presented the principles for the development of estates paper and confirmed that it had been prepared by Lynne Sharp (LS) Greater Nottingham (GN) Director of Estates for consideration by GN CCGs.</p>	

Agenda Item Ref No:		Actions
	<p>SN confirmed that there were number of Estates and Technology Transformation Fund projects in Greater Nottingham and the paper provided principles that should be followed during their development.</p> <p>SN confirmed that the principles were;</p> <ol style="list-style-type: none"> <li>1) Clinical space should be designed for multi-use</li> <li>2) Recognise that children and young people services should be within designated clinical areas</li> <li>3) Clinicians will have access to rooms for their clinical sessions and hot desking will be encouraged were appropriate</li> <li>4) Where possible a single reception area will be in place and electronic booking will be encouraged.</li> <li>5) Clinical space will be designed to allow for flexibility</li> </ol> <p>PP highlighted that the multi-use clinical space principle was good idea and requested clarity around multi use treatment and clinical space.</p> <p>Terry Allen (TA) highlighted that the principles do not have a strategic link with STP or federated models and suggested that they should be embedded into the Primary Care Estates Strategy and Models of Care Strategy.</p> <p>SN agreed to feed back to LS and suggested that principle 5 could be expanded to include the strategic focus. PP highlighted that the flexibility of new models of care should be included in principle 5</p> <p>The Committee</p> <p><b>Acknowledged</b> the Principles for the development of estates</p>	<p><b>SN</b></p> <p><b>SN</b></p>
PCCC 18/007	<p><b>GP Extended Access</b></p> <p>SN provided an update on the GP extended access and highlighted the following points;</p> <p>Rachael Rees (RR) had established a procurement steering group and confirmed that they had met once.</p> <p>NNE was working with Nottingham West to save costs and a draft specification had been written that would be reviewed by the steering group.</p> <p>Work was underway in relation to obtaining procurement advice. A notification of intention to issue the tender for the service would be distributed to enable providers to express interest in providing the service.</p> <p>PP noted that it was a sensible way forward and GPs in the patch were looking at how they may be able to deliver extended access.</p> <p>SN highlighted that due to time scales the CCG could not wait for the</p>	

Agenda Item Ref No:		Actions
	<p>federation to be in a position to issue a direct award and the decision to issue a direct award or go out to tender would be made by the Governing Bodies.</p> <p>The Committee:</p> <p><b>Acknowledged</b> the GP Extended Access update</p>	
PCCC 18/008	<p><b>General Practice Enhanced Delivery Scheme</b></p> <p>SN provided an update on the General Practice enhanced delivery scheme and highlighted the following points;</p> <p>The General Practice enhanced delivery scheme was previously the Care Quality Specification.</p> <p>It was hoped that the General Practice enhanced delivery scheme would align the GP Practices across Greater Nottingham and Mid Nottinghamshire.</p> <p>The Greater Nottingham CCGs were all in different positions and the work to align them would need to be done sensitively to ensure that practices do not become disengaged.</p> <p>An update would be provided at the next meeting.</p> <p>The Committee:</p> <p><b>Acknowledged</b> General Practice enhanced delivery scheme</p>	
PCCC 18/009	<p><b>Primary Care Commissioning Finance Update – Month 9</b></p> <p>Ian Livsey (IL) outlined the financial position and confirmed spend against the primary care budget. Overall the CCG financial position is under significant pressure which was mainly due to the acute spend, there was a risk that control total would not be met.</p> <p>The Co-commissioning budget was on plan.</p> <p>The QOF budget was under pressure in terms of estimated level but remained within the resource limit; this was as a result of under estimating the delivery of the previous year.</p> <p>The Committee:</p> <p><b>Acknowledged</b> the Primary Care Commissioning Finance Update – Month 9</p>	
PCCC 18/010	<p><b>Nottinghamshire STP GPFV Workforce Plan</b></p> <p>A presentation was given on the STP GPFV Workforce Plan and the following points were highlighted;</p>	

Agenda Item Ref No:		Actions
	<p>Guidance was received by NHS England that stipulated that the workforce plan submission would be based upon the STP footprint and the Nottinghamshire target was to increase GPs by 77 WTE before 2020.</p> <p>Concerns were raised that GP recruitment was difficult and meeting the target would be a challenge. SP confirmed that a bid for funding to join the national recruitment scheme would be made.</p> <p>PP highlighted that the plan was very high level and offered no assurance around deliverable actions in relation to recruiting GPs.</p> <p>Janet Champion (JC) queried if there was an action plan in place to reduce GP early retirement and leavers? PP noted that successful initiatives to increase recruitment in the past included bonuses to attract GPs to the areas that had high vacancies.</p> <p>MW highlighted that the impact in relation to the integration with social care was not included in the plan; SN confirmed that the requirement was explicitly focused on primary care.</p> <p>The Committee thanked the authors of the plan and recognised the difficulties faced.</p> <p>TA highlighted figure 9 and stated that the CCG were better than the national average.</p> <p>The Committee</p> <p><b>Acknowledged</b> the Nottinghamshire STP GPFV Workforce Plan</p>	
PCCC 18/011	<p><b>Derbyshire and Nottinghamshire CCGs Primary Care Strategic Advisory Group (PC SAG) Highlight Report – January 2018</b></p> <p>KW presented the PC SAG Highlight Report and highlighted the following points;</p> <p>NHS premises related debt in General Practice. KW highlighted that there was a high level of debt between GP practices and NHS Property Services and CHP in relation to changes attributed to premises. KW confirmed that locally NHSE were hoping to standardise the process.</p> <p>IL highlighted that accurate information from property services wasn't available from NHS Property Services.</p> <p>KW noted that NHS Property Services would be contacting CCG chairs to highlight potential fraud between landlords and GPs. KW noted that some practices were reporting that they were being over serviced and GPs were required to pay the service bill.</p> <p>KW confirmed that NHSE were working with the LMC to ensure that there was support available to practices.</p> <p>The potential debt in General Practice in NNE was £312k and for CHC it</p>	

Agenda Item Ref No:		Actions
	<p>was £129k.</p> <p>SN queried what would happen if NHS property services threatened to evict a practice and highlighted the potential risk to patients.</p> <p>The PCCC members expressed their concern in relation to NHS premises related debt in General Practice</p> <p>The Committee</p> <p><b>Acknowledged</b> Derbyshire and Nottinghamshire CCGs Primary Care Strategic Advisory Group (PC SAG) Highlight Report – January 2018</p>	
PCCC 18/012	<p><b>NNE Primary Care Quality Highlight Report – January 2018</b></p> <p>Esther Gaskill (EG) presented the NNE Primary Care Quality Highlight Report and highlighted the following points;</p> <p>All practices achieved an overall Green rating with Apple Tree, Torkard and West Oak achieving a Green Star rating, EG confirmed that the practices had been sent a letter to note their achievement.</p> <p>Westdale lane had made good improvements within the clinical domain.</p> <p>Seven out of 20 practices had not met the national 80% target for cervical screening. Cancer Research had visited some practices to review systems and processes. EG explained that some practices had thought that the practice demographics had been an influencing factor.</p> <p>CQC had confirmed that they were going to be assessing the implementation of the Accessible Information Standard during future inspections. A checklist had been developed by the Quality Team to see how practices are implementing the standards. EG agreed to share with LMC for inclusion in their new bulletins.</p> <p>CQC had halted inspections due to winter pressure demands and would commence again in February 2018.</p> <p>Ivy Medical Group had been re-inspected and the report had been published, EG confirmed that the practice had achieved good in the well led domain.</p> <p>Highcroft Surgery continued to work towards improving patient experience and a visit would be rescheduled by the CQC before the end of March.</p> <p>Peacock Medical Practice had achieved a good overall rating but they had received required improvement rating for the effective domain. A full inspection would be undertaken as it had been over 6 months since the previous inspection.</p> <p>The Committee</p>	EG

Agenda Item Ref No:		Actions
	<b>Acknowledged</b> the NNE Primary Care Quality Highlight Report – January 2018	
PCCC 18/013	<b>Have the Public Questions been Answered</b>  No questions were raised.	
PCCC 18/014	<b>Risk identified during the course of the meeting</b>  It was agreed that NHS premises related debt in General Practice would be included in the Primary Care Risk Register.	
PCCC 18/015	<b>Any Other Business</b>  No further business was raised.	
PCCC 18/016	<b>Date, Time and Venue of Next Meeting</b>  <b>SIGNED:</b> ..... (Chair)  <b>DATE:</b> .....	