

Approved 3 October 2017

Minutes of a Meeting of the Primary Care Commissioning Committee Held in Public on Tuesday, 1 August 2017 in the Boardroom, Blackpool CCG

Part I

Present: Mr R Fisher, CCG Chairman
Mr DG Edmundson, Lay Member
Mr C Brown, Lay Member
Dr S Fairhead, GP Member
Dr S Green, GP Member
Mr D Bonson, Chief Operating Officer
Mr J Gaskins, Deputy Chief Finance Officer
Mrs L Anderson-Hadley, Chief Nurse

In Attendance: Mrs H Lammond-Smith, Head of Commissioning
Mr H Naylor, Head of Programme Management and Corporate Business
Miss E Bellamy, Primary Care Commissioning Projects Manager
Mr S Toulmin, Head of Strategic Partnerships, Local Medical Committee
Mrs S Danson, Primary Care Contracts Manager, NHS England Area Team
Dr K Pavlidou, Primary Care Transformation Programme Manager, NHS England Area Team
Miss L J Talbot, Secretary to the Governing Body

Public Attendees: Ms G Fillingham, Bayer

51/17 Apologies for Absence

Apologies for absence had been received from Mr Harrison, Mrs McKenzie-Townsend, Dr Rajpura and Mrs Bloy.

52/17 Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda

RESOLVED: That the declarations declared by members of the Primary Care Commissioning Committee as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:

<http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/managing-conflicts-of-interest/>

The specific declarations of interest relating to Dr Green and Dr Fairhead were noted as follows:

Dr S Green

- GP Partner, Newton Drive Health Centre
- Husband: Jonas Eichofer
 - Consultant Cardiologist, Blackpool Teaching Hospitals NHS Foundation Trust
 - Cardiac Network Lead, Lancashire and South Cumbria
 - Founder and Director, Human Intelligence

Dr S Fairhead

- GP Cleveleys Group Practice
- £1 Shareholder/ad hoc sessions, FCMS (Ltd)

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53/17 Minutes of the Meeting Held on 6 June 2017

RESOLVED: That subject to a minor amendment to be made, the minutes of the meeting held on 6 June 2017 be approved as a correct record.

54/17 Matters Arising

- (a) **29/17 (d) Syrian Refugee Resettlement Programme – Funding** – A question had been asked as to whether the additional pressures on the community hub and community services had impacted. Miss Bellamy commented that there did not appear to be any major impact elsewhere.
- (b) **30/17 (a) Blackpool Healthwatch** – The Chairman had met with the Chief Executive and Senior Project Officer of Healthwatch assigned to Blackpool. Healthwatch Lancashire is reviewing its status in Blackpool. A plan on a page of each of the CCGs through Lancashire is being drawn up. When completed, representation would be addressed. At present there was only one lay member on their Board. Mrs Williams had also attended the meeting with the Chairman and she would be the liaison with Healthwatch along with Mrs Anderson-Hadley.
- (c) **31/17 New Models of Care** – An update was required on mental health workers in the neighbourhood teams and Mrs Lammond-Smith commented that it was part of the Vanguard mobilisation. She explained that by September, there will be social workers and drug and alcohol workers within the neighbourhoods. By December, it is envisaged that mental health teams would be integrated across neighbourhood teams.
- (d) **31/17 Workforce** – Further discussion to be held in the Part II meeting of the committee.
- (e) **35/17 Primary Co-commissioning Memorandum of Understanding (MoU)** – At the previous meeting it was commented that further work would need to be undertaken with a view to a revised MoU being resubmitted to the committee for approval. Mrs Danson informed members that discussions continued to be ongoing with the CCGs and once the outcome of the discussions was known, NHS England would advise CCGs.
- (f) **37/17 Estates and Technology Transformation Fund Bids - Update - Adelaide Street Practice and South King Street Practice Scheme** - Mr Gaskins informed members that a project initiation document had been agreed by NHS England and final sign off was awaited following which, an outline business case would be drawn up. The outline business case would pick up all of the revenue consequences of the scheme. Once developed, it would be resubmitted to the committee for sign off. Discussions were taking place with the Council planners and how the scheme will look visually. At the previous meeting of the committee, members were informed that the practices had purchased the Comrades Club which was adjacent to Adelaide Street. Since reporting this, there had been a fire at the Comrades Club and there were currently structural issues that were being addressed. The Council would be undertaking their own structural sustainability as to whether the building can be retained or would have to be demolished. Further discussion regarding the revenue consequences would be discussed at the Part II session of the meeting.

55/17 Chairman's Communications

There were no issues.

56/17 Stonyhill Medical Practice and Harrowside Medical Centre Contract Merger

Miss Bellamy spoke to a circulated report which provided information on the application to merge Stonyhill Medical Practice and Harrowside Medical Practice. The two practices have applied to terminate one of the P codes and to merge the contracts with effect from 6 November 2017. This will follow the inclusion of all the GPs onto each of the respective contracts. The process of the addition of partners onto the respective contracts is an administrative merger with no formal approval required. It was commented that the application from the practices indicated that merging the two existing practices into one team would allow them to support the Five Year Forward View by coming together to explore new innovative ways of primary care at scale. Miss Bellamy informed members that both practices share many services and functions already, they both work within the same building and have similar practice boundaries. They have also developed together with support from the CCG to integrate care for patients. The report provided more detailed background, a summary of the application along with benefits to patients, hours, boundary, benefits to the practice, patient engagement, financial impact, policy book for primary medical services and options for discussion.

In terms of patient engagement, the practices had commenced a patient engagement exercise on 19 June 2017. To date, no concerns had been raised however, the PPG had asked what would happen to one of the Practice Managers in light of the merger however, Miss Bellamy commented that there would be no job loss.

The options set out three ways in which practices can propose to merge contracts and in the case of the two practices concerned, they are proposing to merge utilising option two within the report - terminating one existing contract, continuing the other contract but varying it to include the other contractor as a party to the contract followed by the termination of one P code. They would then operate under one single contract.

Mr Edmundson sought clarification as to what, if any, would the disadvantages and “disbenefits” be to patients. Miss Bellamy commented that both practices are in the same building and the GPs in the practices would remain. Patients would also receive a greater range of services and she confirmed that there would be no disadvantage to patients. Dr Fairhead commented however, that there could be a disadvantage if a patient has been dissatisfied with one of the practices and has moved to the other practice however, they would still be able to see another GP if that was the case. Mr Edmundson commented that normally letters would be sent to patients however, Miss Bellamy commented that this was a slightly different process than, for example, a practice closing. It would be a new practice and a new P code for some patients. She also commented that we would not write out to patients regarding a merger. Miss Bellamy also confirmed that NHS England has a suite of policies that we have followed. Option two outlined within the report is the most frequent option used and the committee can approve the merger. Miss Bellamy informed members that the practices are looking at option two and a merger is a standing item on the PPG committees at both practices. Mr Brown sought clarification regarding any continuing issues being raised by the new PPG and whether it provided an opportunity to solve any issues that were issues at the previous PPGs. Miss Bellamy could look into this if required. She also reminded members that under the GP Five Year Forward View we are asking practices to look at the bigger footprint and practices are moving in that direction.

Dr Fairhead sought clarification that if the practices went with option two, they have the opportunity to change the name of the practice. If the practice is called Stonyhill it could sound like Harrowside has been taken over. Mr Brown also commented that it could be interpreted as an acquisition rather than a merger. Miss Bellamy informed members that the practice name can be changed and Mr Toulmin commented that this would be the easiest way at taking it forward however, the practices can change their name if they wish.

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Miss Bellamy informed members that due to the low response rate relating to the patient engagement consultation, the practices had decided to keep the consultation open.

Clarification was sought on the financial impact of the proposed merger. It was confirmed that it would not be more than the two practices and any savings would be picked up as part of the review. Mr Gaskins commented that at the time of writing the report, the figures relating to the costings had not been received from NHS England.

RESOLVED: That members receive the report and approve the contract merger based on the termination of contract P81684 Harrowside which will enable both practices to operate under one GMS contract P81159 Stonyhill subject to there be no additional costs incurred.

57/17 GP Patient Survey Results

Miss Bellamy spoke to a circulated report regarding the GP Patient Survey (GPPS) which is an England-wide survey providing practice level data about patients' experience of their GP practices. It was carried out by Ipsos MORI on behalf of NHS England. Miss Bellamy explained that in contrast to previous years when the survey was carried out across two waves, the GPPS now consists of a single wave of fieldwork carried out annually from January 2017 to March 2017. However, the sample size has remained similar, continuing to provide practice level data. The data within the report was based on the July 2017 GPPS publication and the survey measures patient experiences across a range of topics including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out of hours services

In the NHS Blackpool CCG area, 6,363 questionnaires were sent out and 2,292 were returned completed. This represented a response rate of 36%. The report provided a high level summary of the results of the latest survey and for comparison purposes, the results for Fylde and Wyre CCG had also been detailed within the report.

Overall, Blackpool CCG scored above average in the majority of areas. Eighty seven per cent rated their overall experience of their GP surgery as good (nationally 85%) and 76% rated their overall experience of making an appointment as good (nationally 73%). The report provided information on links to the website and the national headlines and backgrounds to the survey.

Mr Edmundson commented that there was no indication as to whether Blackpool CCG was improving or worsening locally or nationally. He asked that for future reports, comparative information be included and this was noted. A question was asked as to how the response rate sits with Blackpool CCG as we are a smaller CCG area. It was commented that there are areas of concerns within Blackpool and a question was asked as to whether they can look at individual practices however, this was not possible at the current time. It can however, be looked at within the neighbourhood teams.

RESOLVED: That members of the committee receive the report.

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58/17 Syrian Refugee Programme Patient Transfer from Gorton Street Practices

Miss Bellamy spoke to a circulated report and reminded members that in 2016, Blackpool Council resettled 10 Syrian families (head count 56) as part of the Syrian Refugee Programme. The families arrived in Blackpool at the end of September 2016 and there was an intensive two week programme co-ordinated by Blackpool Council to ensure patients were registered for benefits, bank accounts, with GP practices etc. The following GP practices registered the families:

- Gorton Street – 6 families
- St Paul’s Medical Centre – 3 families
- Layton Medical Practice – 1 family

In early 2017, one of the families registered with St Paul’s Medical Centre chose to re-register with Gorton Street Practice, therefore, there is currently a total of seven families registered with Gorton Street Practice.

On 6 June 2016, the committee approved the request from Gorton Street Practice to close following the resignation of a GP and the inability to recruit a replacement. All patients excluding Syrian patients registered with the Gorton Street Practice had been sent a letter advising them of the practice closure and directing them to surgeries within a one mile radius of the Gorton Street Practice that they may choose to register with. The report provided a list of seven practices. It was decided that due to the complex nature of the Syrian patients that they would move to another practice together. The GP at the Gorton Street Practice had also offered to provide telephone support to the new practice to discuss the patients prior to the move if required. The current GP will also provide an update with regard to the patients’ clinical care to date and any outstanding issues. Miss Bellamy took members through the funding arrangements of the Syrian Refugee Programme.

The majority of the Syrian patients reside closest to Elizabeth Street Surgery and Adelaide Street Practice with the exception of one family group which is closer to Layton Medical Centre. As a result, the two practices being considered first for the transfer of the patients are Elizabeth Street Surgery and Adelaide Street Practice. The report provided information on the two practices. Upon reviewing the current staffing of the two practices, Adelaide Street Practice was the preferred option for the transfer of the 41 patients from the Gorton Street Practice. The Practice Manager had liaised with Miss Bellamy and did not envisage any problems with them registering at that practice. Miss Bellamy also informed members that the Practice Manager has past experience and is familiar with refugee resettlements.

Discussion ensued regarding on-costs for Adelaide Street Practice and Mr Toulmin commented that a practice taking on 41 patients and additional workload and no funding for that practice to support them would need to be addressed. Miss Bellamy advised that secondary care funding from the Home Office is available and a small proportion of this could be utilised to compensate the receiving practice for the patient registrations. After 12 months, it would be assumed that they are part of the community and would be treated in the same way as any other patients.

Miss Bellamy has been attending Syrian Refugee Programme meetings and reported that patients are integrating well. Dr Green commented that as a group of patients they will have complex needs and it is important we recognise the additional workload to the practice. It was stressed that it was important that we try to find additional funding to address this. It was commented that the list size change would be picked up through the patient flows and monitoring of contracts. Members stressed the importance of Adelaide Street Practice receiving a proportionate amount of funding for the 41 patients.

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RESOLVED: That members approve the recommendation for the 41 patients to be transferred from Gorton Street Practice to Adelaide Street Practice but also stressing the importance of ensuring that any proportionate amount of funding is reimbursed to the practice.

59/17 Improving How Secondary Care and General Practice Work Together

Miss Bellamy spoke to a circulated report which highlighted the need to improve secondary care and general practice working together more effectively and efficiently. This is particularly important in terms of patient experience and service efficiency that GP referrals to providers are clinically appropriate for the service referred to and are made in accordance with any agreed clinical pathways and referral protocols including all the necessary clinical and administrative information.

Members were informed that new requirements were added to the NHS standard contract 2016/17 to clarify expectation across the secondary care and general practice interface. The key requirements in the contract which came into effect on 1 April 2017 until 31 March 2019 will cover a number of areas in relation to the interface between primary and secondary care and these were listed within the report.

With the development of the Fylde Coast Accountable Care System, we will see all health and social care organisations come together to transform the way care is provided and improve the health and wellbeing of people across the Fylde Coast ensuring that we achieve the most out of our available funding. Following discussions at the Health Economy Executives Group and as part of the Accountable Care System development, a clinical senate is in the process of being established. It has been suggested that there may be some benefit in primary care and secondary care colleagues having a focused slot on the clinical senate agenda in relation to working together. The primary and secondary care interface and resolving any issues that are of concern to both parties can then be addressed. Governing Body GPs have received communications to this effect and have been asked to identify the problematic areas.

A number of actions had been proposed which were:

- The Local Medical Committee to carry out a Lancashire survey with GP practices to ascertain levels of issues.
- Clinical senate to have a focused session regarding interface issues and seek joint resolution.
- Blackpool Teaching Hospitals NHSFT to ensure consultants are briefed on the discussions and agreements.
- Communications to be sent to general practice to advise the actions being taken.

Mr Toulmin commented that nationally, the Local Medical Committee has been asked to feed back to the GPC and the LMC is willing to work in conjunction with CCGs.

Mr Edmundson commented that this was potentially about managing patient care and investigations. Dr Fairhead commented that secondary care is using primary care to manage their patients and Mr Edmundson commented, therefore, as to whether we needed to change the emphasis within the report. There needs to be shared agreement that the responsibility has to lie with the person who undertakes the investigation. It is important that we do not have a wall between secondary care and primary care and the report needed to be more specific in this respect. Mr Toulmin has the wording from the contract which can be included within the report as the report could be misleading. Dr Green commented, for example, that the cyber lab was introduced in the last 18 months that GPs can access and whilst this was useful on the one hand, GPs cannot analyse results.

RESOLVED: That members of the committee receive the report suggesting that it needed to be more specific and that they support the actions being progressed.

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60/17 Items for Inclusion on the Risk Register

There were no items.

61/17 Any Other Business

There were no issues.

62/17 Date, Time and Venue of Next Meeting Held in Public

The next meeting to be held in public would be Tuesday, 3 October 2017 at 11.00 am in the Boardroom, Blackpool CCG.

EXCLUSION OF THE PUBLIC

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

(Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

The meeting closed.

Minutes approved as a correct record.

CCG Chairman **Date**