

Approved 4 October 2016

Minutes of a Meeting of the Primary Care Commissioning Committee Held in Public on Tuesday, 2 August 2016 in the Boardroom, Blackpool CCG

Part I

- Present: Mr R Fisher, Chairman
Dr A Doyle, Chief Clinical Officer
Mr D Bonson, Chief Operating Officer
Mr D G Edmundson, Lay Member
Mr C Brown, Lay Member (arrived during 97/16)
Dr S Green, GP Member
Dr S Fairhead, GP Member
- In Attendance: Mr S Toulmin, Head of Strategic Partnerships, Local Medical Committee Representative
Mrs D Roberts, Transformation Manager, NHS England Area Team
Dr M Davis, Healthwatch Representative
Mr S Gornall, Head of Primary Care Development
Miss P Crawford, Deputy Chief Finance Officer
Mrs M Ashton, Primary Care Commissioning Manager
Miss E Bellamy, Primary Care Commissioning Projects Manager
Mrs M Preston, Head of Medicines Optimisation (up to 96/16)
Miss L J Talbot, Secretary to the Governing Body
- Public Attendees: Ms L Rhodes, GP Liaison Officer, Spire Fylde Coast Hospitals

91/16 Apologies for Absence

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

92/16 Declarations 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/our-governing-body/>

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

Dr A Doyle:

- GP Partner, Bloomfield Medical Centre including provision of the Walk-in Centre, Urgent Care Centre, Primary Care Assessment Unit and DVT Service in Blackpool.
- Bloomfield Medical Centre is a member of a joint venture partnership with Blackpool Teaching Hospitals NHS Foundation Trust.
- Co-Chair, NHS Clinical Commissioners.
- Chief Officer, Healthier Lancashire and South Cumbria Change Programme.
- Member, NHS England Commissioning Committee.

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Dr S Green:

- GP Partner, Newton Drive Health Centre.
- *Husband, Dr Jonas Eichhofer:*
- Consultant Cardiologist at Blackpool Teaching Hospitals NHS Foundation Trust.
- Cardiac Network Lead for Lancashire and South Cumbria.
- Co-founder and Director, Human Intelligence Limited.

Dr S Fairhead:

- GP Partner, Cleveleys Group Practice.
- Undertakes ad hoc sessions for local Out of Hours provider, FCMS (NW) Limited.
- Member (£1 Guarantee Holder) of FCMS (NW) Limited.

93/16 Minutes of the Meeting Held on 7 June 2016

RESOLVED: That the minutes of the meeting held on 7 June 2016 be approved as a correct record.

94/16 Matters Arising

There were no issues.

95/16 Chairman's Communications

Retirement - Head of Primary Care Development – The Chairman reminded members that this was the last meeting attended by Mr Gornall, the CCG's Head of Primary Care Development as he would be retiring from the CCG/NHS at the end of August 2016. Sincere thanks and appreciation were conveyed to Mr Gornall for the work undertaken over the years and in particular, thanks were conveyed for his hard work and commitment with the Primary Care Commissioning Committee which was established in April 2015. Colleagues echoed the Chairman's comments and everybody wished Mr Gornall well in his retirement.

Healthwatch - The Chairman welcomed Dr Davis to his first meeting of the Primary Care Commissioning Committee as the Healthwatch representative.

96/16 Prescribing Spend 2016/17

Mrs Preston spoke to a circulated report and provided members with the background regarding the allocation to GP practices relating to the individual indicative budget for prescribing. The report had been presented at the Finance and Performance Committee at which detailed discussion had taken place. The Finance and Performance Committee recommended an option for the allocation of the GP prescribing budget for 2016/17 of 50% historic/50% capitation (capped) as the preferred option with a further recommendation to move closer towards fair shares next year. Mrs Preston provided further explanations on the report.

Dr Doyle expressed concern that if we approach some areas such as benchmarking referrals on a weighted capitation basis and take a different approach for prescribing, we would not be being consistent. She felt that it masks what we want GPs to do to standardise using weighted lists. She further commented that it was important that we look at the total resource for the population and she would be in favour of moving straight to capitation based budgets. Mr Edmundson was comfortable with Dr Doyle's suggestion and explained that we would be moving towards capitation. Mr Edmundson was

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unsure whether the CCG had sufficient time to take the “flack” to move straight to capitated budgets. It was commented that it would not affect practice income. Mr Edmundson commented that there would be an impact on GPs at some point in time. It was further commented that if we moved to capitation now, practices would take an indicative “hit” but would not be affected financially.

RESOLVED: That members of the committee agree to move directly to 100% capitation.

Mrs Preston left the meeting.

97/16 Blackpool CCG GP Practices – CQC Visit Ratings – Update Position

Mr Gornall spoke to a circulated report and informed members that to date, the CQC had inspected 18 out of 22 GP practices (82%) as part of its planned programme for Blackpool CCG membership. The CQC Inspection Team anticipated that all but one practice will have undergone inspection by the end of August. He explained that one planned visit was cancelled and would be rescheduled for the Autumn. All reports were available on the CQC’s website and the link was provided.

Mr Gornall explained that the CQC Lead Manager for the North Region reported that the overall experience at Blackpool was very positive. Dr Doyle commented that the outcome of the inspections to date were very good, particularly when looking at the average across the country. Mr Gornall commented that feedback had been received from the CQC Inspector stating that generally, practices were of a high standard and that they had a good positive approach. Discussion had been held at the Practice Managers’ meetings to discuss what had gone well and what to expect from the inspections.

Mr Brown arrived at the meeting.

Discussion ensued regarding Grange Park Surgery which had received an inadequate rating. Mr Gornall explained that the Inspection Team had expressed concern about the inadequate systems and processes in place to keep patients safe including recruitment and training of staff, and monitoring medical equipment and clinical supplies, some of which were out of date. The report provided further information arising out of the inspection and after a period of six months, the CQC would inspect the practice again to check whether sufficient improvements had been made. It was noted that if it was found that the service provided remained inadequate, the CQC would consider taking steps to cancel the practice’s registration. It was important to note that the CQC “six month clock” starts from publication of the report. It was recognised that the practice would require external support to resolve the challenges whilst in special measures and the package of support being offered by the CCG, NHS England and the Royal College of GPs would ensure that there are no immediate risks to patient safety whilst improvements were being made.

Mr Gornall took members through the report which provided information on the current position and the work taking place to help the practice. Discussion also took place in respect of contract sanctions available to the CCG. It was commented that termination of the practice contract would be a last option as we are currently working with them to make improvements. Mr Edmundson made reference to the guidance appended with the report in respect of contract breaches, sanctions and termination for primary medical services. In particular, he made reference to the sanctions to withhold payments and commented that the practice would be receiving payments for services they are not providing. He was concerned that the CCG appears to be very limited on what it can do. It was noted that sanctions cannot be made until NHS England is in a position to move to the termination process and that this puts the CCG in a difficult position. Mr Gornall explained that the GP Plus Scheme would not be reissued to the practice and work was taking place with the practice on the recommendations to the CQC. When the

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CQC reinspect and if the practice is not up to the standard, the CQC has the power to close down the practice as it would not be regulatory or compliant. The CCG and NHS England would then need to consider contract sanctions in accordance with guidance.

Mr Brown asked if the CCG could be criticised if something went wrong. Mrs Roberts commented that work was taking place with the practice and if there were any issues regarding quality, the CQC would have already stated this initially. Mr Gornall commented that this was about mitigating potential risks by giving additional support. Dr Doyle stressed that it was important that patients are cared for in the interim and this was paramount. It was recognised that actions put in place to address the CQC recommendations would need to be sustainable in the longer term. Mr Edmundson suggested that a piece of work be undertaken to ensure that plans are in place and options considered should the practice not achieve an acceptable rating. He questioned how much support the CCG gives to the practice and commented that we need to ensure the practice is sustainable. Dr Doyle commented that the practice should have business continuity plans in place for a single handed practice and this may need to be stepped up. Mr Edmundson asked about contingencies for future provision if the practice remains in special measures and it was clarified that this would be addressed.

RESOLVED: That members of the committee receive the report and NHS England policy and, note the work being taken forward relating to the practice rated as inadequate.

98/16 Alternative Provider of Medical Services (APMS) – Recommended Bidder Report

Mr Gornall spoke to a circulated report which was an update on the APMS Recommended Bidder Report since reported to the June meeting of the Committee. Members were reminded that delegated authority had been given to the Chairman and Chief Operating Officer to agree the proposal to sign off the Recommended Bidder Report from the NHS England North East Commissioning Support.

RESOLVED: That members receive the Recommended Bidder Report and note the approval process.

99/16 GP Plus KPI Monitoring Process

Miss Bellamy spoke to a circulated report and reminded members of the approval of the final version of the GP Plus contract for 2016/17. The Primary Care Team had developed a process for monitoring the GP Plus contract and overarching KPIs, some of which had a financial incentive and these were attached with the report. The monitoring process had been shared with the CCG's Executive Team.

Members were reminded that the GP Plus budget allocated for 2016/17 was split into two parts, a payment paid irrespective of the practice performance representing 75% of the GP Plus funding and the payment for performance against KPIs representing a maximum of 25% linked to achievement of KPIs. Practices had been given individual targets to achieve subject to a clawback if KPIs were not met.

Mr Edmundson made reference to the clawback at the end of the year, commenting that if this was not achieved, it was not clear if there were any exceptional circumstances. He felt that these should be identified before the end of the year by the practices. Dr Doyle commented that practices would be informed of the date from when the GP Plus funding could potentially decrease. A report would be taken to the Clinical Leadership Team and the Governing Body with an assumption that implementation would take effect from September. Mr Edmundson's comments were noted and Miss Bellamy informed him that practices would be informed prior to year-end if they would be subject to a clawback should KPIs not be met.

RESOLVED: That members of the committee approve the GP Plus monitoring process.

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100/16 Committee Self-Assessment

Mr Edmundson informed members that the statutory committees of the CCG undertake self-assessments every two years. The Primary Care Commissioning Committee was established in April 2015 and as the date is approaching for the other committees to be self-assessed, it was appropriate that this should also apply to the Primary Care Commissioning Committee. There was a requirement to ensure that members fulfil the committee’s Terms of Reference and Membership and Mr Edmundson would be liaising with Mr Harrison to agree the process to be taken forward.

ACTION: DGE/AH

RESOLVED: That members note that a Committee Self-Assessment would be undertaken in due course.

101/16 Any Other Business

- (a) **Implementation of the GP Five Year Forward View** – Mr Gornall reminded members of the NHS England guidance recently published and in particular, he made reference to the General Practice Resilience Programme. There would be a £40m investment over the next four years. The programme will help struggling practices by delivering local resources which may include a local resilience team or pools of experienced GPs and other practice staff to help with practice management, recruitment issues and capacity. This will also help plan and implement changes that would support practices in becoming more sustainable and resilient. Mr Gornall took members through a list of areas to be addressed and some key milestones. More detail would follow however, in the meantime he would circulate the information to members.

ACTION: SGO/LIT

Mr Toulmin commented that there is also an emphasis on Local Medical Committee Support and this was noted.

102/16 Date, Time and Venue of Next Meeting Held in Public

The next meeting held in public would be Tuesday, 4 October 2016 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