

Approved – 1 March 2016

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

Part I

Present: Mr R Fisher, Chairman
Dr A Doyle, Chief Clinical Officer
Mr D G Edmundson, Lay Member
Mr C Brown, Lay Member
Dr S Green, GP Member
Dr S Fairhead, GP Member

In Attendance: Mr S Gornall, Head of Primary Care Development
Mrs L Anderson-Hadley, Deputy Chief Nurse
Dr A Rajpura, Director of Public Health/LA Representative, Health and Wellbeing Board
Mr P Higgins, Chief Executive, Local Medical Committee
Mrs M Ashton, Primary Care Commissioning Manager (arrived during 23/16)
Mrs D Roberts, Primary Care Contracts Manager, NHS England Area Team (from 22/16)
Ms C Cassin, Head of Partnerships and Communications
Miss P Crawford, Interim Deputy Chief Finance Officer
Miss L J Talbot, Secretary to the Governing Body
Mr N Skelton, Communications and Engagement Officer

Public Attendees: Mr P Duxbury, Practice Manager, Layton Medical Centre

18/16 Apologies for Absence

Apologies for absence had been received from Mr Bonson, Mr Raphael, Ms Skerritt and Mr Toulmin.

19/16 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 Amanda Doyle OBE, Chief Clinical Officer
 - 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 of NHS Clinical Commissioners
 - Senior Responsible Officer, Healthier Lancashire
 - Co-Chair, NHS England Primary Care Co-commissioning Oversight Group
 - Member, NHS England Commissioning Committee

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- **Dr Susan Green, GP Member**
 - **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 Susan Fairhead, GP Member**
 - **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**

20/16 Minutes of the Meeting Held on 12 January 2016

RESOLVED: That the minutes of the meeting held on 12 January 2016 be approved as a correct record.

21/16 Matters Arising

- (a) **04/16 QOF 2014/15 Achievements – Accessing information –** Mr Gornall informed members that a process would be put in place for colleagues to be able to access QOF data. He confirmed that colleagues would be able to access the CQRS information in-year.

Mrs Roberts arrived at the meeting.

22/16 Chairman's Communications

There were no issues.

23/16 Update/Progress Report

APMS – Ashfield Medical Centre Contract – Mr Gornall spoke to a circulated report which provided members with an update on the discussions held at the November meeting where agreement had been made to the St Paul's Medical Centre request to terminate the Ashfield Medical Centre APMS contract. The mutually agreed date was with effect from 1 April 2016. The report provided information on the current position. Mr Gornall informed members that the majority of patients who had re-registered to date had transferred to either North Shore Surgery or Glenroyd Surgery. None of the patients to date had transferred to St Paul's Medical Centre.

Mrs Ashton arrived at the meeting.

Mr Gornall commented that there were no concerns in respect of any lack of consultation on the proposed changes. He informed members that we would be making use of the "Your Voice" session later in the week at Moor Park Health and Leisure Centre to provide patients at Ashfield Medical Centre a specific opportunity to comment and ask questions. Mr Gornall and Mr Skelton the CCG's Communications and Engagement Officer would be attending the event.

Mrs Roberts commented that following the previous meeting, feedback from the listening event would be used as further patient engagement and outputs would be submitted to the next meeting of the committee as an audit trail for patient engagement.

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RESOLVED: That members of the committee receive the update.

24/16 Primary Care Transformation Fund

Mr Gornall provided a verbal report in respect of the Primary Care Transformation Fund (PCTF). Following a meeting of the Panel, due diligence work had been undertaken in respect of the PCTF. Some of the schemes were late in commencing. All three practices had received letters where work was not complete and NHS England had not received invoices. The 2015/16 approved schemes would be a pre-commitment for 2016/17. Two practices were progressing their approved plans.

Members were reminded that for 2016/17, the CCG had anticipated receiving national guidance on the primary care transformation fund to support the CCG's Estates Strategy. However, there had been slippage and it was expected that the guidance would be issued in late February for CCGs. Once received, work would take place in preparing submissions to meet the April timescale.

Mrs Roberts informed members that the 2015/16 cohort bids were in the process of being signed off and practices would receive letters imminently to go ahead.

Mr Edmundson made reference to the Estates Strategy discussion that had been taken through the Governing Body. Dr Doyle commented that it was a very high level outline strategy that was required to be submitted to NHS Property Services so that we could undertake other work. Mr Brown was also mindful of the list of issues within the Estates Strategy that were discussed and needed to be taken forward. Dr Doyle informed members that both she and Mr Higgins from the Local Medical Committee would be hosting a meeting with GPs the following evening to talk about the future of general practice in Blackpool.

Mrs Roberts commented that the decision in principle was the decision taken the previous year. All of the schemes in category 3 were agreed in principle but had been deferred to 2016/17.

Mr Gornall commented that the publication of the national guidance should ensure that the submission process is more straight forward and a report would be submitted to the committee as and when we receive the detail.

Dr Doyle commented that the Blackpool primary care estates work is ahead in comparison to others. She anticipated that we may not be a high priority for capital funding for primary care. The Chairman sought clarification as to whether the practices understood this. Mrs Roberts commented that the practices approved in principle and given category 3 status last year had been informed that their plans would need to be send back to the CCG for reconsideration with its Estates Strategy and national guidance.

RESOLVED: That members receive the update in respect of the Primary Care Transformation Fund and note the actions to be taken forward.

25/16 PMS Update

Mrs Roberts provided a verbal update and informed members that contract variations had been sent out to all practices of which 8 out of 12 had been signed for Blackpool with four awaited. It was anticipated that three out of the four would be submitted to the CCG without issue. Further discussion may need to be undertaken with the practices.

A paper would need to be submitted in terms of the next steps and would be issued to all CCGs. The next steps include the potential termination of PMS contracts and a report would be submitted to the next meeting. Patient engagement would also be picked up.

ACTION: DR

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RESOLVED: That members receive the PMS update.

26/15 Primary Care Commissioning – Fair Shares Funding

Mr Gornall spoke to a circulated report which provided information on the proposal to move the primary care funding from the current historic basis where practices receive a varying range of funding to a fair shares basis where the practices receive an equal share of the funding. The Executive Team of the CCG had agreed that fair shares should be based on the weighted population figures for each practice which would give an equal cost per weighted capitation. Mr Gornall informed members that officers had reviewed both the co-commissioning budgets which had been devolved from NHS England this year and the GP Plus budgets which the CCG had held since inception.

Mr Edmundson commented that whilst in his opinion we cannot argue with the principle of fair shares funding, he was mindful that there could be challenge on the weighted population for the pace of change. He was not as familiar with ASTRO-PU's and how sensitive they are to different size practices however, he questioned how sensitive the formula was to the practices. He asked if the weighted population was sensitive enough for the size of the individual practices and if there was any chance that the formula would change. In relation to the pace of change, he could not see the logic of taking out a large amount in year one then 50p in year two. He asked whether we should stagger the change over three years.

It was commented that maybe the two practices mostly affected could be looked at differently over a longer period.

Dr Doyle explained earlier discussions had been held with practices at the GP Practice Link meeting commenting that there was fairly general support and consensus to moving in this direction. She also commented that we can only use the formulas that we have and we cannot incorporate something that mitigates something to add extra protection. She also commented that once the PMS work is in place, it was anticipated that it would then flatten off.

Mr Brown was surprised that the ASTRO-PU formula had been used as he would expect it to be the Carr Hill formula. He sought clarification on equitable input of community nursing. Dr Doyle commented that this was being addressed through the neighbourhoods and was nothing to do with this work. Miss Crawford would check if the Carr Hill formula had been used.

ACTION: PC

Mr Brown commented that we would need to see the impact on the individual practices. It was commented that this was commercial and in confidence. Discussions would need to be held at a Part II meeting of the committee.

Dr Doyle commented that it was moving to fair share and fair price but also the standard specification of what we would expect. She also made reference to the core contract and GP Plus and that there was an expectation that all practices would deliver the same and we would pay them the same. She commented that if we started costing and pricing services, it could be difficult to determine our expectations.

Mr Edmundson commented that the report should state fair share for all practices to deliver the same specification. Dr Doyle explained the GP Plus element and the historical issues around this. She explained that we were trying to standardise this and that there will be differential investment over a period of time to bring all practices into line. Mr Higgins commented that this was for core work and he was unsure how it fits in the overall GMS aligning to GMS and MPIG (Minimum Practice Income Guarantee). It was commented that there is only one practice with MPIG. Miss Crawford commented that practices would be able to cope with the scale of redistribution in the first year and that it would be the same impact for one practice.

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Dr Fairhead asked if an approach had been made to the practices to inform them how much they would be losing and losing the PMS. Dr Doyle commented that this was not additional to the PMS. Dr Fairhead commented that nobody could argue with the fair share however, she had a concern that one practice would lose £12,000. This could equate to a healthcare assistant or part of a nurse providing a service to that practice.

Mr Brown was concerned about the movement to target. Whilst practices agreed in principle, we cannot change the rules as we go down the line.

Mrs Roberts sought clarification on the impact on practices around services. Dr Doyle commented that it was difficult to know the likely impact until we start the process and we would need to decide where to take the hit. This would need to be looked at in a whole round. It was suggested that a spreadsheet with the detail be submitted to a Part II meeting of the committee for further discussion. **ACTION: SGO**

Dr Fairhead commented that all practices needed to be informed however, Dr Doyle commented that we cannot carry this out until a way forward had been agreed.

Mr Edmundson commented that we need to have a clear understanding of what is happening and what our weighted population is, the pace of change and how it is calculated following which, discussion could be held with the practices that would be affected. We would need to know which practices will be affected.

Mr Brown commented that the pace of change on this and the pace of change on PMS reduction was important.

Dr Rajpura commented that there would always be winners and losers around this and it needed to be undertaken in a fair and transparent way. Whilst he recognised that this was undertaken over three years, during that time we would also be looking at MCPs and he questioned whether this was an academic argument. Dr Doyle commented that while she was mindful of this, it needed to be taken forward. Miss Crawford stressed the importance of initiating discussions with practices.

The Chairman asked colleagues if they could accept the proposal in principle and in order for discussions to be held with practices. A discussion with Mr Edmundson and Mr Brown could be undertaken outside of the meeting in order to provide reassurance.

RESOLVED: That the committee agree in principle to move to fair shares budgets based on funding within specified ranges around the weighted capitation.

That the Lay Members would have further discussions outside of the meeting to seek reassurance.

That once agreement is reached, practices would be informed.

27/16 GP Patient Survey Briefing

Mr Gornall spoke to a circulated report which provided information on the national GP Patient Survey which assesses patient experience of healthcare services provided by GP surgeries. This included experience of access to GP surgeries, making appointments, the quality of care received from GPs and practice nurses along with satisfaction on opening hours and experience of out of hours NHS services.

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Members were informed that NHS England had released the information included within the report in January 2016 which related to activity from January to March 2015 and July to September 2015. The first table within the report related to Blackpool CCG practice response rate comparison with the national rate as published by NHS England.

Mr Gornall explained that whilst overall the report provided good news, it was noted that the response rate was not high enough. It was also pointed out that this was not a practice response rate as it was a survey for patients. Mrs Anderson-Hadley informed members that the report had also been submitted to the Quality and Engagement Committee and she sought clarification on the future reporting of this type of information. It was agreed that the information should be submitted to both committees.

RESOLVED: That the committee receive the report.

28/16 Any Other Business

- (a) **APMS Tender** – The proposed date within the plan for issuing the template was the end of January however, there had been some slippage. There was a question as to whether CCGs were able to mandate premises. The Lancashire CCGs confirmed that the process should continue with mandated premises which would only affect the mobilisation plan by one week.

29/15 Date, Time and Venue of Next Meeting Held in Public

The next meeting in public would be held on Tuesday, 1 March 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