

Approved 6 December 2016

## **Minutes of a Meeting of the Primary Care Commissioning Committee Held in Public on Tuesday, 4 October 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 C Brown, Lay Member  
Mrs C McKenzie-Townsend, Lay Member  
Dr S Green, GP Member  
Dr S Fairhead, GP Member

In Attendance: Mrs H Lammond-Smith, Head of Commissioning  
Mrs M Ashton, Senior Primary Care Commissioning Manager  
Miss E Bellamy, Primary Care Commissioning Projects Manager  
Mrs L Anderson-Hadley, Deputy Chief Nurse (from 117/16)  
Mrs D Roberts, Transformation Manager, NHS England Area Team  
Mr S Toulmin, Head of Strategic Partnerships, Local Medical Committee  
Miss L J Talbot, Secretary to the Governing Body

Public Attendees: None

#### **111/16 Apologies for Absence**

Apologies for absence had been received from Mr Edmundson, Mr Harrison, Mrs Williams, Dr Rajpura and Dr Davis (Healthwatch Representative).

#### **112/16 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. Noted at minute 119/16 – Enhanced GP Access - relates to the GP Led Health Centre.
- 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.

### **113/16 Minutes of the Meeting Held on 2 August 2016**

**RESOLVED:** That the minutes of the meeting held on 2 August 2016 be approved as a correct record.

### **114/16 Matters Arising**

- (a) **100/16 Committee Self-Assessment** – The Secretary informed members that the first round of committee self-assessments would be undertaken for the CCG’s Audit Committee and the Finance and Performance Committee. The Primary Care Commissioning Committee and the Quality Engagement Committee would be assessed later in the process.

### **115/16 Chairman’s Communications**

- (a) **CQC Ratings for Primary Care** – Blackpool has the third highest number of practices rated as outstanding for primary care by the Care Quality Commission. This was welcome news, particularly as Blackpool is such a deprived area. Mrs Ashton would ask the Communications Team to issue a press release. LMC and NHSE colleagues may also wish to contribute to the press release. **ACTION: MA/ST/DR**

### **116/16 Terms of Reference and Membership of the Committee**

- (a) **Membership** – The Secretary sought clarification on the current membership of the committee as the Chief Finance Officer and the Chief Nurse had been represented by their deputies at recent meetings. She asked if consideration could be given to including their deputies in the core membership. Members were comfortable with the suggestion and asked the Secretary to liaise with the Chief Finance Officer and the Chief Nurse to seek their confirmation of this proposal. Subject to their confirmation, the core membership would state:

- Chief Finance Officer – Executive Member of the Committee/**Deputy Chief Finance Officer**
- Chief Nurse – Executive Member of the Committee/**Deputy Chief Nurse**

**ACTION: LJT**

The Secretary also sought clarification as to where Mrs Lammond-Smith, Head of Commissioning should be placed within the membership or whether “In Attendance” as she was now attending meetings on a regular basis. Clarification was also sought in respect of Mrs Ashton, Senior Primary Care Commissioning Manager and Miss Bellamy, Primary Care Commissioning Projects Manager. It was agreed that Mrs Lammond-Smith, Mrs Ashton and Miss Bellamy should be included “In Attendance”.

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- (b) **Frequency of Meetings** – The Secretary reminded members that from April 2016, meetings were held bi-monthly and would be reviewed. Members were comfortable with continuing to hold meetings bi-monthly.

**RESOLVED:** That subject to confirmation from Mr Harrison and Mrs Williams regarding the core membership, that members of the committee recommend the amendments of the Terms of Reference and Membership to the Governing Body. ACTION: LT

*Mrs Anderson-Hadley arrived at the meeting.*

#### **117/16 Personal Medical Services (PMS) Update**

Mrs Ashton confirmed that all but one GP practice had signed the contract variations and signed up to GP Plus.

**RESOLVED:** That that members note the update in respect of Personal Medical Services.

#### **118/16 GP Plus Indicators – Quarter 1**

Miss Bellamy spoke to a circulated report and provided some background to the GP Plus and the funding and achievement for Q1.

Miss Bellamy took members through the report informing them that data was now available which showed where practices are in terms of the overarching KPIs for the first four months of the financial year. She pointed out however, that the activity was prior to the CCG introducing the referral management system and actively using GP practices to discuss referrals and Procedures of Limited Clinical Value. The Q2 data should reflect the benefits of the practice referral meetings and the referral management system.

Miss Bellamy highlighted the following:

- **GP Referrals** – Six out of 21 practices were showing as on target for achieving their practice specific referral target. The remaining 15 practices varied between 65% and 1% distance from target.
- **Non-elective Admissions** – Eight out of 21 GP practices were showing as on target for achieving their practice specific target for non-elective admissions. The remaining 13 varied between 59% and 2% distance from target.
- **Procedures of Limited Clinical Value (PoLCV)** – Thirteen out of 21 GP practices were showing as on target for achieving their practice specific target for PoLCV. The remaining eight practices varied between 29% and 2% distance from target.
- **Medicines Management** – There were a number of targets listed within the report along with the current position of the practices relating to antibiotics, prescribing items from the dropped list, Duo Resp, EPS, Pregabalin and repeat dispensing.

Full achievement of the data from the GP dashboard on Aristotle was available within the report. Dr Doyle suggested that it would be useful if the information could be put into a report for each practice. Miss Bellamy would take this forward and issue practice specific reports. ACTION: EB

Mrs Ashton commented that the six month position would be reviewed and CCG colleagues would provide support to the practices.

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It was suggested that the information be taken to the next meeting of the GP Practice Link. ACTION: MA/EB

**RESOLVED:** That members note the practice position in respect of the GP Plus indicators for Q1. Practice specific reports would be drawn up and the information would be taken to the GP Practice Link meeting.

#### **119/16 Enhanced GP Access**

**RESOLVED:** That the declaration of interest made by Dr Doyle in respect of the GP Led Health Centre be noted.

Mrs Ashton spoke to a circulated report and reminded members that in 2015/16, the CCG was asked to develop plans for seven day access of primary care services for implementation during 2016/17. Due to a delay in the publication of the access requirements, the CCG had not yet been able to implement plans. The report provided guidance based on the access requirements for 2016/17 and 2017/18 which covered:

- Timing of appointments
- Capacity
- Measurement
- Advertising and ease of access
- Digital

Mrs Ashton informed members that discussions had been held with the GP Led Health Centre on how we implement seven day access. There was a proposal to undertake this via two stages:

- **Stage 1** – To work with the GP Led Health Centre to implement pre-bookable appointments and same day appointments commencing in December 2016. This would provide additional capacity over the Christmas period to March 2017. Stage 1 would be monitored and reviewed to finalise the details to Stage 2, eg, analysis of appointments used and types of appointments etc.
- **Stage 2** – It is anticipated that this would commence from April 2017 and a more detailed plan for Stage 2 would be presented to the committee in February 2017 once Stage 1 had been implemented and reviewed.

Mrs Ashton explained that there are risks to delivery which are the ability to recruit clinical staff to undertake the additional hours and information technology solutions.

Mrs Roberts sought clarification in respect of Stage 2 as to how this would link into the procurement across the Fylde Coast. Mr Bonson commented that this would be reflected in the specification for the future model and we would build on the learning from Stage 1.

It was commented that extended hours in practices is a separate issue nationally.

**RESOLVED:** That members of the committee agree to the introduction of enhanced primary care access at the GP Led Health Centre commencing with Stage 1 of the process as outlined above.

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### **120/16 GP Resilience Programme Update**

Mrs Roberts provided a verbal update. A letter had been sent to practices informing them that the schemes – GP Resilience and Vulnerable Practices – had been aligned. To date there had been 53 self-referrals into the service across Lancashire. The deadline for requests is 5 October 2016. Work is taking place in looking across the bids for similarities and commonalities.

**RESOLVED: That members receive the update in respect of the GP Resilience Programme.**

### **121/16 Estates and Infrastructure Fund Update**

Mrs Roberts provided a verbal update in respect of the Estates and Infrastructure Fund. All schemes have been categorised into cohorts:

- **A1** - Those schemes which could be delivered in 2016/17.
- **A2+** - Those schemes that underpin both the STP and the primary care strategy and can be delivered in the ETTF timescales.
- **A2** - Those schemes that underpin the CCG's primary care strategy and can be delivered in the ETTF timescales.
- **A3** - Those schemes which are unlikely to deliver in the ETTF timescales.

Each CCG has at least one A2+ scheme. For Blackpool this is Adelaide Street Surgery.

**RESOLVED: That members receive the update in respect of the Estates and Infrastructure Fund.**

### **122/16 Gorton Street Practice Hours Reduction**

Miss Bellamy spoke to a circulated report and informed members that the Gorton Street Practice currently holds an APMS contract which commenced on 1 April 2009 with an expiry date of 30 September 2016. Following a recent procurement exercise undertaken by NHS England on behalf of the CCG, Gorton Street Practice was awarded the APMS contract after a successful bidding process for a contract term of 10 years with the option to extend for a further five years. The contract was re-procured like for like in terms of hours and services however, the APMS contract was based on terms of finances of a GMS contract. The report provided information on practice list size and current opening hours and also proposed practice opening hours.

The practice had formally applied to the CCG to close the surgery on a Saturday morning. They felt that with the change in contract to GMS terms from 1 October 2016, they had no option but to reduce the opening hours outside core hours to coincide with the extended hours directed enhanced services which requires them to open just under two hours each week. Gorton Street Practice is currently opening an additional six hours under its APMS contract ending 30 September 2016. The practice had consulted with its patient population and on review of the services currently offered, a decision was taken to apply to close on a Saturday morning in favour of continuing to open on a Monday and a Tuesday evening. Miss Bellamy explained that practice analysis showed that the majority of Saturday appointments were pre-bookable earlier in the week and, therefore, could just as easily be booked into extra Friday slots. The numbers of patients who are true emergencies are very low. It was commented that closing on a Saturday was in keeping with other practices in the area and was in line with GMS tariff arrangements. Feedback from patients on the subject reflected access generally rather than specific Saturdays and there

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had been no negative comments from patients regarding the intention to close. The report provided two options as recommended by the primary care team:

- **Option One** - Agree the closure of the Practice on a Saturday morning.
- **Options Two** - Do not agree the closure of the Practice on a Saturday morning

The recommendation from the primary care team is to agree to the closure of the practice on a Saturday morning (Option one). This would be consistent with what every other practice is expected to undertake before GP Plus and would bring the practice into line with every other practice.

Mrs Roberts pointed out that there could be a risk to challenge albeit it a small risk. It was commented that all bidders had access/knowledge to this and the CCG had been open around this. Mrs Roberts commented that it could potentially be viewed as a problem. Members were comfortable with the engagement that had been undertaken with patients. Whilst there would be a minimal risk, Mrs Roberts felt this needed to be flagged up with committee members. Dr Doyle commented that nothing was being changed and we were not removing services. Mrs Roberts' comments were noted.

It was suggested that the report should also be submitted to the PPI Forum and PPGN for information informing PPI Forum members that Option one to agree the closure of the practice on a Saturday morning had been recommended to the committee.

ACTION: CMT

**RESOLVED: That members of the Committee approve Option one to agree to the closure of the Gorton Street Practice on a Saturday morning.**

ACTION: EB/MA

### **123/16 Any Other Business**

There were no issues.

### **124/16 Date, Time and Venue of Next Meeting Held in Public**

The next meeting to be held in public would be Tuesday, 6 December 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 .....**