

Approved 6 June 2017

Minutes of a Meeting of the Primary Care Commissioning Committee Held in Public on Tuesday, 7 March 2017 in the Boardroom, Blackpool CCG

Part I

Present: Mr R Fisher, Chairman
Dr A Doyle, Chief Clinical Officer (arrived during 06/17)
Mr DG Edmundson, Lay Member
Mrs C McKenzie-Townsend, Lay Member
Mr C Brown, Lay Member
Dr S Green, GP Member
Dr S Fairhead, GP Member
Mr D Bonson, Chief Operating Officer
Mr A Harrison, Chief Finance Officer
Mrs L Anderson-Hadley, Deputy Chief Nurse (arrived during 06/17)

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
Mr S Toulmin, Head of Strategic Partnerships, Local Medical Committee
Mrs S Danson, Primary Care Contracts Manager, NHS England Area Team
Mrs M Preston, Head of Medicines Optimisation (for 08/17)
Mr D Hilton, BI Senior Manager, M&LCSU (from 08/17)
Mrs C Taylor, BI Locality Lead, M&LCSU (from 08/17)
Miss L J Talbot, Secretary to the Governing Body

Public Attendees: None

01/17 Apologies for Absence

Apologies for absence had been received from Dr Rajpura and Dr Davis.

02/17 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 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
- STP Lead, Lancashire and South Cumbria
- Member, NHS England Commissioning Committee

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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)

03/17 Minutes of the Meeting Held on 6 December 2016

RESOLVED: That the minutes of the minutes of the meeting held on 6 December 2016 be approved as a correct record.

04/17 Matters Arising

- 139/16 CQC Update – Grange Park Surgery** – Included on the agenda for discussion later in the meeting.
- 141/16 GP Annual Visits** – Miss Bellamy confirmed that the proposal for the GP quality visits had since included digital use of summary care records. GP Practice visits had also commenced.
- Online Prescriptions/Paper Prescriptions** – It had been commented at the previous meeting that there was no provision on EMIS when patients state that they do not want online prescriptions and would prefer paper prescriptions. Mrs Danson had liaised with pharmacy colleagues at NHS England on how to take this forward and had also discussed this further with Miss Bellamy.

05/17 Chairman’s Communications

There were no issues to report.

06/17 General Practice Five Year Forward View Planning Requirements

Mrs Ashton spoke to a circulated report and reminded members that the General Practice Five Year Forward View had been published in April 2016. The report sets out the investment and commitment that would be made available to general practice to support and sustain transformation of primary care services.

There are requirements for the CCG to document how a number of areas will be implemented across the CCG, namely, investment in:

- Funding to improve access to general medical services
- Supporting sustainability and transformation
- Estates and technology transformation
- Other funding for general practice

There is also a requirement to document how the care re-design of primary care will be implemented across the CCG covering:

- Improved access
- Effective access to wider whole system services
- Time for Care Programme
- Deployment of funding for reception and clerical staff training and online consultation systems

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The plan had been submitted to NHS England in December 2016 in line with the planning submission timescale. This was the first available committee meeting for the members to receive and note the contents of the submission.

Mrs Ashton informed members that one of the main issues related to workforce and she highlighted the section within the plan. This was a common issue across all the CCGs in Lancashire and NHS England is proposing to work with all CCGs to look at how this might be addressed as there will need to be investment across all CCGs. It was recognised however, that there are difficulties for individual CCGs to be able to address the GP and nursing shortage as single organisations.

Mr Edmundson asked that two to three paragraphs be added to the plan in respect of workforce acknowledging the scale of the problem and the work taking place to reduce the impact. The Chairman had raised the issue at the Joint Committee of CCGs. The workforce planning workstream would be taking this forward as part of the STP work programme.

Dr Doyle arrived at the meeting.

Mr Harrison commented that it is recognised this is the largest risk that we have and Dr Doyle and Mr Raphael were attempting to facilitate a joint piece of work through UCLAN for medical student support with CCGs. Mr Harrison would support this for the two Fylde Coast CCGs however, there did not appear to be the same level of interest and support across Lancashire. He would be sending an email of support to UCLAN from the two Fylde Coast CCGs and one other CCG in Lancashire.

Dr Doyle gave an overview of the workforce issues.

Mrs Anderson-Hadley arrived at the meeting.

Mr Edmundson asked Mrs Ashton to expand the workforce section within the plan to include two to three paragraphs on the issues and the work to be undertaken to address this. Mrs Ashton would action accordingly.

ACTION: MA

RESOLVED: That members receive and note the contents of the GP Five Year Forward View Plan and agree to the inclusion of two to three additional paragraphs setting out the issues relating to workforce.

ACTION: MA

07/17 Blackpool CCG GP Practices CQC Visit Ratings – Updated Position

Mrs Ashton spoke to a circulated report and informed members that to date, the CQC had inspected all 21 practices as part of its planned programme for Blackpool CCG membership practices. All reports were available on the CQC website and it was commented that the CQC Lead Manager for the North Region reported the overall experience for Blackpool as being very positive. Members were informed that the CQC ratings for all practices were as follows:

- Outstanding = 3 practices
- Good = 17 practices
- Requires improvement = 1 practice

Grange Park – The CQC report was published on 16 June 2016 and the practice was rated as inadequate at that time placing the practice into special measures. A re-inspection had taken place in December 2016 and the practice had since been rated as good across all areas and good overall. Discussion ensued regarding the practice moving from inadequate to good. A question was asked as to how confident we

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were that the practice would sustain this and Mrs Ashton commented that the practice had since employed two additional practice nurses bringing a total of three within the practice. The practice is currently attempting to appoint another GP. Mrs Ashton commented that regular meetings would be held at the practice. At a recent visit, they were congratulated on this achievement and were asked how they would maintain the CQC rating. She anticipated that Grange Park would be re-inspected in the next three years.

Mr Edmundson continued to express concern about the practice moving from a CQC rating of inadequate to good in a short period of time. Mrs Anderson-Hadley and Mrs Ashton remained concerned as to how they will sustain this as it has taken a great deal of hard work for the practice to reach this position.

Dr Fairhead commented that her practice had been inspected and the inspection appeared to be based on the reliance of their Practice Manager rather than the GPs. Mr Brown asked whether the committee would need to discuss the full report in more detail. He was concerned that suddenly, improvements had been made. Mrs Danson commented that there is a quality risk profile tool available if required.

Dr Doyle commented that we have a good long standing knowledge of our practices and in general, they perform very well. Mrs Ashton would circulate the full report to members. ACTION: MA

Members noted that the Chairman and Mrs Ashton would be visiting the practice later in the week.

Stonyhill Medical Centre – The practice had been rated as “requires improvement” overall. There are two requirement notices that the practice must comply with relating to:

- **Good Governance** – The regulation was not being met as the practice did not assess, monitor or mitigate the risks relating to the health and safety and welfare of service users.
- **Safe Care and Treatment** – The practice did not ensure that persons providing care and treatment to service users had the qualifications to do so.

Mrs Ashton informed members that the practice had produced an action plan and had since complied with a number of findings contained within the report. The CCG would continue to meet with the practice on a monthly basis to ensure all actions are adhered to and completed. Mrs Ashton informed members that the practice colleagues were disappointed with the CQC rating and had taken steps to improve. It was anticipated that they would turn around the issues fairly quickly and the CQC would re-inspect the highlighted areas within the next six months. It appeared that the practice was not organised on the day. Mr Brown would be concerned about the practice in general if this was the case. Mrs Ashton commented on the area relating to safe care and treatment. This was more about where the information was saved and there was no suggestion that the person in question did not have the relevant qualifications. Chaperone training was highlighted and has since been undertaken. It was commented that sometimes, there can be a gap in knowledge of the inspectors.

RESOLVED: That members receive the report noting the actions to be taken forward.

08/17 GP Plus Update Including the Medicines Optimisation GP Plus Workplan

Mrs Preston, Mrs Taylor and Mr Hilton joined the meeting.

Miss Bellamy took members through the GP Plus update month 9 position including the Medicines Optimisation GP Plus Workplan. She reminded members that the CCG had introduced the GP Plus framework in September 2015 for practices to start work on the key performance indicators. The

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framework consists of 12 standards. Within the framework there are five overarching KPIs relating to access, medicines optimisation, demand management (x2) and care co-ordination.

Miss Bellamy reminded members of the funding allocation. Data was available on Aristotle on the month 9 position where practices are in terms of the overarching KPIs for the first nine months of the financial year, April to December 2016. Miss Bellamy made reference to the appendices and in particular, the orange circle that indicated where practices were over target and not achieving.

There continued to be information governance issues with accessing data and Mrs Barnsley had raised this. It was recognised that the CSU systems needed to be more practice friendly. Mr Hilton had asked for information to be available on Aristotle. Mr Harrison commented that as the CCG's SIRO (Senior Information Risk Officer) he was of the opinion that there is a legitimate reason for the owner of the data to have access. It was commented that it was possibly a process issue. Mr Harrison commented that Nexus BI would be coming on stream and it was important we solve the issues. Mr Bonson and Mr Harrison would escalate the data access issue to NHS England via the CSU this as it was not an acceptable position to be in.

ACTION: DB/AH

Mr Edmundson commented that it appeared that some practices were not on target to achieve however, they were either progressing towards target or below the CCG average for the indicator. He asked whether it was appropriate to penalise these practices for not meeting the practice specific target when efforts had been made. The Chairman suggested to Miss Bellamy to include this information in the year-end report in order to have recommendations for consideration by the committee. Miss Bellamy noted this action.

ACTION: EB

Miss Bellamy made reference to the achievement considerations and asked members to consider the following points in readiness for the forthcoming year end:

- If a practice is not meeting their practice specific target but is showing a decrease in referrals/POLCV/non electives, would the CCG still look to claw back the money attached to the KPI even though the practice is actively working to reduce cases in these areas?
- If a practice is not meeting their practice specific target but is below the CCG average for referrals/POLCV/non electives, would the CCG still look to claw back the money attached to the KPI even though the practice is below the CCG average in the area?

It was commented that the CCG averages were too high and discussion ensued regarding the practices that were above and below the average. Mrs Ashton asked for a steer from the committee in order to inform her discussion with practices in going forward. It was commented that there were still some outliers that needed to be addressed in contract discussions between the practices and the CCG.

Miss Bellamy also reminded members that a crucial part of the referral management system that the CCG has implemented is the prior approvals process which ensures that any referrals for POLCV that bypass the referral management system are captured at the Acute Trust prior to treatment. The Trust is required to gain prior approval from the CCG prior to any procedure within this category being carried out. It was noted that the Referral Management Team is seeing prior approval requests from some organisations but this was not being consistently applied and now needed to be reinforced with all organisations and monitored as part of the contractual arrangements.

Mrs Preston spoke to a circulated report in respect of the Medicines Optimisation GP Plus Workplan. She reminded members that practice based pharmacist sessions are funded based on practice list size to deliver medicines optimisation as part of the GP Plus scheme. Each year a review of the workplan is

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undertaken to focus on CCG priorities and the Workplan is also reviewed in-year to adapt to changing circumstances.

Mrs Preston had highlighted the main areas of focus for 2017/18 that had been discussed and recommended by the Medicines Prescribing Group and the CCG's Clinical Leadership Team:

- **Pathway/RightCare work (longer timescales)**
 - Prescribing for Clinical Need – ongoing
 - Sip Feeds (care homes and domiciliary) – ongoing
 - Diabetes – Medicines Optimisation
 - Pain management – Medicines Optimisation
 - AF pathway review (cost containment of DOACs)
 - Antidepressants: Review of Mental Health Prescribing
 - Antibiotic Audits

- **Quick Wins (shorter timescales) – Examples are:**
 - Tiotropium – ongoing
 - Triptans – generic prescribing
 - Buprenorphine - branded generic
 - Tramadol – branded generic
 - Pregabalin – branded generic (dependent on patient expiry)

Mrs Preston made reference to Appendix 4 within the report which provided detailed achievement in relation to the medicines management targets. She informed members that there is ongoing engagement from all practices with the Medicines Optimisation QIPP Plan and whilst it was recognised that practices have some technical and operational issues with EPS and repeat dispensing, there were still a number of reds against practices in the columns. However, it was anticipated that some of the scores would improve in-year although there were still some barriers to implementing repeat dispensing due to ongoing problems with the ordering of repeat prescriptions by community pharmacists. Mrs Preston pointed out however, that many practices had implemented processes to manage the impact of this and had made improvements to reduce over ordering in other ways.

Mrs Preston made reference to the antibiotics indicator Part A which showed seven practices above target which overall meant that the CCG was failing this element of the Quality Premium. Some practices had been undertaking audits to address their performance. Antimicrobial stewardship and healthcare acquired infections (HCAI) remain on the CCG agenda. High prescribing of antibiotics was still an issue for the CCG and the focus on the total volume of prescribing of antibiotics will remain in the Quality Premium for 2017/18. Dr Doyle asked how many practices were required to achieve the Quality Premium target however, Mrs Preston was unsure as some were quite high. The GP Led Health Centre prescribed a high volume however, it was recognised that a lot of patients attend the GP Led Health Centre. The GP Led Health Centre has a different profile and is acutely led. Work was taking place in looking at this. Other practices were undertaking audits regarding prescribing of antibiotics.

Mr Harrison made reference to the areas of focus for 2017/18 as discussed earlier and he asked whether they were all going to be linked to the RightCare QIPP Programme with savings linked to it. Mrs Preston confirmed that this was the case and the same process would be undertaken on the longer term projects also.

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Mr Brown asked how this cross referenced into the wider commissioning and Mrs Preston commented that it was part of the QIPP Delivery Group and wider pathways which linked in. She further explained that there are some specific elements that would be undertaken by a practice pharmacist and nurses.

RESOLVED: That members of the committee:

- **Note the GP practice position at the nine month point.**
- **Agree to the action to include information relating to practice non-achievement but to progress towards the target in the year-end report in order for the committee to consider the recommendations on the outcome of the year-end position for practices.**
- **Support the Medicines Optimisation GP Plus Workplan topics for inclusion in the practice pharmacists' Workplan as part of the GP Plus.**

Thanks were conveyed to Mrs Preston and she left the meeting.

09/17 GP Plus Revised Specification 2017/18

Mrs Ashton spoke to a circulated document and reminded members that the CCG had introduced the GP Plus framework in July 2016 with all practices working towards a set of key performance indicators. The specification had been amended to reflect the learning from 2016/17 and also to incorporate some new standards. The report provided the main changes for 2017/18.

Mrs Ashton informed members that the KPIs had been expanded and included some targets that were part of the CCG assurance process. The KPIs had been split into eight areas and the report provided information on the additional areas for inclusion.

Mrs Ashton took members through the key changes within the specification following on from discussion at the Clinical Leadership Team meeting and highlighted the following:

- Practices should ensure that receptionists do not use the phrase “ring back later/tomorrow as we have no appointments” by following a robust triage flowchart to ensure the patient’s request is dealt with in one call. It was recognised that it can be very difficult to manage appointments however, it was commented that patients should be offered an appointment but not necessarily on that day.
- Cancer Champion GP – There is a requirement to ensure appropriate staff attend the Cancer Champion and Cancer awareness training sessions. Dr Green made reference to the Cancer Care Reviews and that within the specification there appears to a lot of additional work to be undertaken. She provided members with an overview of how they address this within her practice. Mrs Lammond-Smith would look into the requirements of attending events. **ACTION: HL-S**
- Management of Referrals – There was a KPI relating to practices having a robust management process for managing referrals in-house and Mrs Ashton had asked how this could be monitored. Dr Doyle commented that there has been a significant reduction in referrals. Mr Edmundson made reference to discussions at the Finance and Performance Committee as to how we sustain this in future years and it was commented that reference needs to be made in the GP Plus specification that no finance was attached to this. It was suggested that we should take out the 3% demand management for GP referrals. **ACTION: MA**

Mr Harrison commented that a number of the areas within the specification highlighted in red were “must dos” as part of the GP Five Year Forward View and we need to recognise that this is the context. We were not however, saying those not delivering would not be worse off and he asked how we would manage this and what are we expected to undertake as a CCG. He was in agreement that we should not put this in as a financial target.

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Discussion ensued regarding the KPI proposal. It was recommended that there should be a 75%/25% split recognising the pressures and as we move forward, we should move to 70%/30% and then to 60%/40% also implementing the change in culture as we move forward. Discussion ensued regarding the core payments and KPI payment recognising that there would be difficulties in undertaking these quarterly. It was suggested that we make the core and KPI payments for six months and then review. If practices do not meet 50% of the target, we can hold back the payment and then pay it when the practice achieves. Mr Harrison suggested that after the September month 6 position, we should take a view on the information we have, review, make a judgement and then pay on an ongoing basis.

RESOLVED: That members:

- **Approve the changes to the specification for 2017/18.**
- **Agree that the funding for 2017/18 remains at 75% core funding and 25% KPI, remove the 3% demand management for GP referrals and reduce Stage by 1% to 4% in care co-ordination.**

10/17 GMS Contract Changes

Mrs Ashton would send a report out to members after the meeting.

ACTION: MA

11/17 Syrian Refugee Resettlement Programme – Funding

Miss Bellamy spoke to a circulated report. The Syrian Resettlement Programme was announced in September 2015 and its aim was to resettle nationally up to 20,000 Syrian refugees over a five year period. Lancashire County Council had agreed to resettle 150 Syrian refugee families over the next five years which could be up to 30 families per year. Lancashire County Council had agreed with the four Local Authorities, ie, Blackpool Council, Pendle Borough Council, Preston City Council and South Ribble Borough Council to resettle the first 30 families in 2016 and the report provided information around this. For Blackpool this was 10 properties/families (head count 56).

The families arrived in Blackpool in September 2016 and there was an intensive two week programme co-ordinated by Blackpool Council to ensure patients were registered with benefits, bank accounts and GP practices etc. Three GP practices had registered the families - Gorton Street (6 families), St Paul's Medical Centre (3 families) and Layton Medical Centre (1 family).

Miss Bellamy informed members that health information was reviewed prior to arrival and secondary care appointments were arranged for patients where required within the first week of arrival. Discussion ensued regarding the funding arrangements for CCGs. There had been various discussions across the CCGs that are taking part in the refugee programme relating to the finances and in regard to what constitutes primary care and if/how the proposed £600 per patient should be split across the primary care providers.

Miss Bellamy informed members that discussion had been held at the Executives and Deputies Team meeting as to how to share the £600 funding across primary care. The Executives and Deputies Team recommended to the Primary Care Commissioning Committee that the £600 per registered patient should be allocated to the GP practices that had registered the Syrian families.

Dr Doyle made reference to the additional pressures on the community hub and community services and asked whether the funding should be split as there would be an impact on district nursing, mental health etc. Mrs Lammond-Smith and Miss Bellamy would look at this in more detail.

ACTION: HL-S/EB

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RESOLVED: That the Committee agree in principle to allocating the £600 per registered patient to the GP practices that had registered the Syrian families but recognising that there may be a slight adjustment to take account of the potential burden and pressure on the community hub and community services and that there may be a requirement to split the funding accordingly.

12/17 Premises and Technology Fund Update

Mrs Danson provided a verbal update as follows:

- Correspondence had been sent out at the beginning of January 2017 by NHS England setting out the requirement for ETTF bids and the next steps for Cohort 1 and Cohort 2 schemes with emphasis on progressing Cohort 1 schemes due for completion by March 2017.
- Mr Harrison confirmed that the Cohort 1 scheme was progressing
- Mrs Danson also confirmed that NHS England recently offered £10,000 revenue monies to be incurred producing Outline Business Cases (needs assessments etc) on the complex and high cost schemes but had not receive any confirmation from the CCG that they wished to progress . Mrs Danson would liaise with finance colleagues in order to provide Mr Harrison with details of the funding.

RESOLVED: That the committee receive the update.

13/17 Any Other Business

There were no issues.

14/17 Date, Time and Venue of Next Held in Public

The next meeting would be held on Tuesday, 4 April 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