

**Minutes of the Primary Care Co-Commissioning Committee held on
29 March 2016 at West Offices, York**

Present

Mr Keith Ramsay (KR) - Chair	CCG Lay Chair
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Dr Lorraine Boyd (LB)	GP, Council of Representatives Member
Dr Emma Broughton (EB)	GP Governing Body Member, Lead for Women and Children and Joint Primary Care Lead
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
Mrs Constance Pillar (CP)	Assistant Head of Primary Care, NHS England – North (Yorkshire and the Humber)
Mrs Rachel Potts (RP)	Chief Operating Officer

In Attendance (Non Voting)

Mrs Kathleen Briers (KB)	Healthwatch Representative
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Mr Shaun Macey (SM)	Senior Innovation and Improvement Manager
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Tracey Preece (TP)	Chief Finance Officer
Mrs Sharon Stoltz (SS)	Interim Director of Public Health, City of York Council

Unless stated otherwise the above are from NHS Vale of York CCG

There were no members of the public in attendance and no questions had been submitted.

1. Welcome and Introductions

KR welcomed members to the first meeting in public of the Committee since its establishment as separate from the Quality and Finance Committee.

2. Apologies

As noted above.

3. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests. However, JL noted that in the event of discussion of sexual health services, provided by all GP Practices, the GPs present would have an interest to declare.

4. Minutes of the meeting held on 17 September 2015 and Matters Arising

The minutes of the meeting on 17 September were agreed subject to the addition under 'Present' of Dr Emma Broughton.

Matters Arising – Primary Care Update: SM reported, in regard to the request for a proposal to the Quality and Finance Committee for a process for Practice requests and summary of Practice requests with status report, that this had been encompassed within the CCG's regular two monthly meetings with NHS England; the first meeting was scheduled for April. JL requested a schedule of meeting dates for inclusion with the Local Medical Committee schedule.

The Committee:

1. Agreed the minutes of the meeting held on 17 September 2015 subject to the above amendment.
2. Noted the update on the process for Practice requests and JL's request for a schedule of meeting dates which SM would provide.

5. Terms of Reference

KR advised that the Committee's terms of reference had been agreed at the Part II meeting on 2 February and approved by the Governing Body on 4 February.

RP highlighted that the Committee's membership had been reviewed to ensure appropriate representation and management of conflict of interest. KR additionally noted that the secondary care doctor would join the Committee as a third lay member.

The Committee:

Noted the Primary Care Commissioning Committee Terms of Reference.

6. Update on Primary Care Delivery Group

TM described the CCG's requirement to engage with Primary Care in their role as both commissioners and providers advising that these roles were currently fulfilled respectively by the Council of Representatives and the Primary Care Delivery Group. In view of the establishment of the Vale of York Clinical Network discussion was taking place about that organisation replacing the current representation from GP alliances/federations at the Primary Care Delivery Group and becoming the provider vehicle for agreeing changes to services with the CCG. Meetings were currently taking place every two months with a structure being developed. TM agreed to provide the terms of reference of the new arrangements at the next Primary Care Commissioning Committee meeting.

The Committee:

1. Noted the update.
2. Requested for the next meeting terms of reference of the new arrangements between the CCG and the Vale of York Clinical Network.

7. York Medical Group Merger

RP reported that the CCG's Senior Management Team had approved a proposed merger with effect from 1 July 2016 between York Medical Group, Clifton Medical Practice and Petergate Surgery. The Practices had also presented their proposal, which demonstrated public and patient engagement, to the York Health Overview and Scrutiny Committee. RP confirmed that there would be no changes to service delivery from a patient perspective.

The Committee:

Approved the merger between York Medical Group, Clifton Medical Centre and Petergate Surgery with effect from 1 July 2016.

8. NHS Vale of York CCG Interim Estates Strategy and Primary Care Transformation Fund

SM explained that CCGs had been required by the Department of Health to develop an Interim Strategic Estates Strategy by December 2015 to deliver the NHS Five Year Forward View. The CCG was working with NHS Property Services and the Partnership Commissioning Unit to develop an interim plan that would evolve over the five year period to establish a whole system estates plan achieving a more effective and creative use of both health and social care premises.

SM reported that locally a Primary Care Estates Forum had been set up to work with Primary Care on development of estates across both the health and social care system. For General Practice there were three elements: helping Practices to remain compliant with regulatory requirements in their existing premises; collaborative working through development of the integrated care hubs to rationalise services; and rationalisation of provider estate across the health and social care system. SM advised that NHS Property Services had funded a six facet survey – physical condition, statutory compliance, space utilisation, function suitability, quality and an environmental management audit - of all 67 General Practice sites. This would inform work on the wider estates and would be shared with Practices.

SM also reported that 2016/17 was Year 2 of the Primary Care Transformation Fund, noting that Year 1 had been managed by NHS England. Eleven bids had been received for funding in 2015/16. Nine had been supported in principle but required further work to progress in 2016/17; one scheme had been approved by both NHS England and the CCG. Three schemes were being further worked up with the support of an independent consultant and five bids had been approved in principle but without funding in 2015/16.

SM explained that the CCG would be managing the second year of the Primary Care Transformation Fund noting that guidance was currently awaited from NHS England. SM emphasised that Practices should, as a matter of urgency, review their bids in terms of alignment with the CCG's wider strategy and affordability noting that the CCG would work with Practices. He also explained the CCG would be seeking opportunities for transformation to progress development of integrated care and co-location of services and aimed to develop an overarching estates strategy with all providers.

A number of concerns were raised in view of the delay in publication of guidance from NHS England and the short timeframe as submission of bids was expected to be required by the end of April. In response SM reported on discussion with NHS England that indicated the potential to submit bids over a three year period allowing time for plans to be developed and refined.

MA-M explained that Stephanie Porter, Deputy Director of Estates for the Partnership Commissioning Unit, was coordinating the work on the estates strategy and that he met her on a monthly basis. He proposed that the Quality and Finance Committee, where the Interim Estates Strategy had already been considered, should maintain responsibility for its development.

In terms of expediting the strategy development TM noted that there were many factors involved, particularly in view of the CCG footprint being both rural and city based. He also referred to the work of the Provider Alliance Board in community services development and emphasised that flexibility was required, including in terms of electronic working as well as physical buildings.

KR noted that the Committee should receive regular updates on this item and proposed inviting Stephanie Porter or Karina Dare, Property Strategy Manager at NHS Property Services, to a future meeting.

The Committee:

Noted the current iteration of the Interim Estates Strategy.

9. Personal Medical Services Update

SM described the national initiative to bring alignment between Personal Medical Services and General Medical Services and ensure equality. The process for this was to reduce enhanced payments to the former over a four year period with stipulation that the money, £44k in Year 1 rising to £340k in Year 4, must be reinvested in General Practice.

SM reported on discussion and agreement at the Council of Representatives of a proposal that the £44k for 2015/16 be reinvested in General Practice through supporting development of the Vale of York Clinical Network. Reinvestment of the 2016/17 money would be subject to discussion at the May meeting of the Council of Representatives.

The Committee:

Noted the update.

10. Scott Road Medical Centre

TM reported that Scott Road Medical Centre had notified the CCG of difficulties of recruitment and delivery of services around deprived areas of Selby. TM and SM, who had visited the Practice, were developing a plan to support them and assist management of demand.

TM emphasised that there were no quality issues in respect of current services provided by the Practice.

The Committee:

Noted the update.

11. Primary Care Update from NHS England North

In presenting this report CP noted that many of the issues had been discussed under previous agenda items. In respect of the Vulnerable GP Practice Fund CP advised that she would discuss with SM any potential Practice eligibility within the CCG.

CP highlighted that Haxby Group had been approved as a pilot site for the Practice Pharmacists Scheme across their York and Hull Practices and would advise members by email whether the funding transfer, scheduled for 13 March, had taken place. Discussion ensued on this pilot scheme which was welcomed as a skill mix approach and to alleviate the workload of GPs and Practice Nurses. EB reiterated these advantages from the perspective of a Practice with a pharmacist noting that they could diagnose minor ailments and prescribe but not dispense. The scheme was being implemented via a four year funding mechanism: partly through a bursary and partly through matching of this funding by the participating Practice.

The Committee:

1. Noted the report.
2. Requested that CP inform members by email whether the funding transfer for the Haxby Practice Pharmacy pilot had been completed.

Additional Item – Sexual Health Services

JL declared an interest in respect of provision of sexual health services noting these were provided by all Practices. He expressed concern in view of the late

development that EB's negotiation with City of York Council Public Health had not resulted in agreement on funding of long-acting reversible contraception (LARCs) for Primary Care to provide these services. JL explained that North Yorkshire Practices were not affected as there was a fully funded local enhanced service across North Yorkshire. There was therefore inequality, lack of patient choice and lack of contraceptive health provision within the CCG.

EB reported that she was in continuing discussion with City of York Council Public Health to resolve the issues and hoped for an early agreement.

The Committee:

Encouraged the CCG to work with City of York Council Public Health to resolve the issue of provision of sexual health services as a matter of urgency.

Post meeting note: Agreement with City of York Council was reached on 31 March for a LARC Local Enhanced Service. This was aligned with the North Yorkshire LARC Enhanced Service and achieved parity across the region.

12. Next meeting

10am on 12 July 2016.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 29 MARCH 2016

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCC1	17 September 2015 29 March 2016	Primary Care Update	<ul style="list-style-type: none"> Proposal to be submitted to Quality and Finance Committee for process for Practice requests and summary of Practice requests with status report Schedule of meetings between the CCG and NHS England to be provided for LMC 	SM SM	22 October 2015
PCC2	29 March 2016	Update on Primary Care Delivery Group	<ul style="list-style-type: none"> Terms of reference of the new arrangements between the CCG and the Vale of York Clinical Network to be presented at the next meeting 	TM	12 July 2016
PCC3	29 March 2016	Primary Care Update from NHS England North	<ul style="list-style-type: none"> Members to be informed about the transfer of funds for the Haxby Group Pharmacy pilot 	CP	