NHS
Vale of York
Clinical Commissioning Group

Item 18

Minutes of the Primary Care Co-Commissioning Committee held on 17 September 2015 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
Mrs Constance Pillar (CP)	Assistant Head of Primary Care, NHS England – North (Yorkshire and the Humber)
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Miss Holly Bainbridge (HB)	Lay Member, Healthwatch North Yorkshire
Mr Shaun Macey (SM)	Senior Innovation and Improvement Manager
Mrs Philippa Press (PP) – for Mrs Sharon Stoltz	Health Improvement Manager – Health Inequalities, City of York Council
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Miss Siân Balsom (SB)	Manager, Healthwatch York
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Lynette Smith (LS)	Head of Corporate Assurance and Strategy
Mrs Sharon Stoltz (SS)	Interim Director of Public Health

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

Sixteen members of the public were in attendance.

1. Welcome and Introductions

DB welcomed everyone to the first meeting of the CCG's Primary Care Co-Commissioning Committee. He explained the background, composition and role of the Quality and Finance Committee noting that in terms of co-commissioning the CCG had taken on responsibility for managing a General Practice budget of c£40m. The CCG's aims in this included improving access to primary care, wider access to services out of hospital and closer to home, and a better patient experience through joined up services. This was an opportunity for innovation and working with partner

organisations. The Committee would adopt an approach of strong evidence, accurate monitoring and evaluation.

2. Apologies

As noted above.

The following matters were raised in the public questions allotted time:

1. Diane Robinson

Regarding the Committee's Terms of Reference:

Will the Lay Chair be able to appoint a deputy in case of unavoidable absence? This would seem to be especially important in order to be quorate since the Lay Chair is the only Lay Member. Ideally, there would be two lay members anyway.

MH responded that a Deputy Chair would be appointed and that the secondary care doctor was regarded as a lay member of the Committee.

In light of the Committee's accountability to manage delegated functions and exercise delegated powers in relation to Primary Care Co-Commissioning would it not be advisable to include representatives from "outside" bodies (e.g. Housing) to act as advisors to Quality and Finance Committee?

MH noted the Primary Care Co-Commissioning Committee included representatives from both North Yorkshire and York Healthwatch and a Director of Public Health. Additionally the Health and Wellbeing Board, of which the CCG was a member, was the forum where there was input from a number of organisations.

I had hoped to see more of a patient/carer/public voice in any of the CCG Co-commissioning activity, i.e. co-production. What is happening with the Patient and Public Engagement Steering Group? I had expected to see a calendar of their activities on the website as I thought they would have a particular role to play in relation to the Quality and Finance Committee's Duties and Authority, especially in monitoring priorities.

FB responded that the Patient and Public Engagement Steering Group had been temporarily suspended as a strategic group as Lay members had struggled to attend the last few meetings, and there was a general view that the meetings were not adding any additional value. Instead, the CCG had undertaken an extensive range of co-commissioning activities on specific pathways of care including neurology, diabetes, coeliac disease and the mental health *Discover* programme which had influenced the new mental health specification. There had also been a range of collaborative events with both North Yorkshire and City of York Healthwatch. Engagement was being built into redesign of services and the CCG was currently discussing with partners including Healthwatch and the Council for Voluntary Service as to how to further improve the range of engagement activities undertaken in relation to health.

FB also advised that the CCG website was being refreshed and would again include "You Said We Did" to describe how engagement informed development of service models, i.e. co-production. She offered to discuss this further with Diane outside the meeting.

2. Liz Hancock, Business Manager, Fulford Nursing Home

i) How will you work with local care homes to ensure residents can access homes for short term support rather than seek help via A and E?

ii) How can care homes work with the CCG to be an active partner in delivering health and social care going forward and be informed of what is needed of them in the five year plan?

iii) What are the plans to ensure care homes are able to contribute to primary care and for them and their GP Practice to work together and offer services that help both parties Eg blood taking, Access to notes, Access to make appointments, Access to training to ensure relevant skills delivered in a timely manner in order to provide immediate care eg Complex catheter, wounds, INR etc?

MC responded to the three questions together. She welcomed the opportunity of confirming the CCG's commitment to working with care homes which was linked with the commitment for out of hospital, closer to home, innovative care.

MC cited Fulford Nursing Home as an example of a new way of working with the continuation of the service originally provided through winter pressure monies. There was a need to develop acceptance of alternative care home models including on a temporary basis due to delayed transfers of care. A system approach was needed to provide information on available capacity.

MC recognised that there were staffing issues in care homes and advised that the CCG was committed to training and support. There was also the potential to bid for additional funding, for example in relation to deteriorating patients. Care homes could provide demonstration of integrated care.

3. Malcolm Law

I understand that this committee deals with GP Services. Is it the intention of this committee to put any GP services out to private contractors or has this already happened?

I understand that GPs always have been private concerns but contracted to the NHS.

MH stated that the CCG had not put any services out to private contractors and had no intention of doing so. The aim was to develop integrated services provided in different ways. MH highlighted potential opportunities for the hospital, General Practice and social care working together.

4. Will Jenkyns, Project Co-ordinator, Ryedale In Support of the Elderly

How we as a volunteering organisation (Volunteering Matters) may better integrate our funding of services for elderly-patient transport with the aspirations for better delivery of patient services in Ryedale. We have lottery funding for 18 months to establish and maintain volunteer driver/befriender schemes in Ryedale, and would like to receive the endorsement of the CCG when approaching the surgeries in question (Helmsley, Pickering, Terrington). We have a scheme already under the Scarborough and Ryedale CCG in Ampleforth and Hovingham, and discussions are underway with Kirkbymoorside.

If we can gain the support and endorsement of the CCG and surgery teams through active dialogue, we can roll out these schemes more quickly.

SM responded that a transport review project was taking place and he would welcome the opportunity for discussion on how this scheme could be included. SM agreed to contact Will Jenkyns after the meeting and also to put him in contact with the coordinator of the transport review at North Yorkshire County Council.

AGENDA

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.

4. Terms of Reference

MH referred to the terms of reference which had been approved by the Governing Body and were presented for information. DB added that they would be kept under review.

The Committee:

Noted the terms of reference.

5. Boundary Changes - Dalton Terrace and Escrick Surgeries

SM explained that part of the CCG's delegation role related to sign off of any boundary changes requested by Practices. In so doing the CCG needed to ensure that no patients would be disadvantaged in catchment areas, for example exclusion from home visits, and to understand where Practice boundaries overlapped.

The requests from Dalton Terrace and Escrick Surgeries were as a result of new contracts negotiated by NHS England and disagreement from previous processes. The Practices were now applying to work to the boundaries to which they thought they had been working previously. SM noted that the necessary work had been done to ensure that no patient access would be affected by these boundary changes.

In response to TP seeking clarification as to how such applications arose, SM advised that this was part of the transition process between NHS England and the CCG for contract negotiations. The CCG footprint was covered by member Practices but work was ongoing to understand the boundaries, particularly in view of Practices merging and working together. TM noted that the CCG should become more proactive in understanding historic boundaries and seeking assurance that there were no gaps.

CP reported that a piece of work had been started to determine outer GP Practice boundaries and noted that this would be progressed jointly by the CCG and NHS England. She assured the Committee that the whole of the CCG was covered by GP Practices.

The Committee:

Approved the boundary change applications from Dalton Terrace and Escrick Surgeries.

6. Primary Medical Services (PMS) Uplift

SM noted that this report was presented for information as the uplift had been approved at the Quality and Finance Committee on 20 August. He explained that each year the Doctors and Dentists Review Body made recommendations for payment to Practices based on their patient population. General Medical Service Practices were automatically awarded this payment through their national contract but Personal Medical Services contracts were held locally and therefore required approval.

SM advised that the current uplift resulted in the baseline payment of £79.15 per weighted patient being increased to £80.81. The total cost of c£157k for the PMS Practices was in the CCG's growth allocation therefore there was no additional cost to the organisation.

The Committee:

Noted the approved change to pay rates for PMS Practices.

7. Primary Care Infrastructure Fund

SM explained that the Primary Care Infrastructure Fund had been introduced by NHS England in 2014/15 as a four year rolling programme. It aimed to improve premises for General Practice for such as improving access for patients, increasing appointment times, providing care closer to home, and trying to reduce hospital activity in terms of emergency admissions and A and E attendances. GP Practices had been invited to bid for the money with schemes that would have impact on these areas.

A total of 11 applications had been submitted by NHS Vale of York CCG GP Practices. Two improvement grants had been declined, a further four improvement grants had been supported in principle with requirement for further information, and five development projects had been supported in principle with requirement for further information.

SM noted technical issues in regard to evaluating bids for this additional funding, including the fact that this was capital investment. Any associated revenue costs required understanding to ensure developments were affordable and aligned with the CCG's strategic development plan. He explained that capital could be obtained through the Primary Care Infrastructure Fund or local authority funding. However there was no money in the system to fund additional revenue implications, such as rent. All costs had to be managed within the same financial envelope.

MH added that revenue consequences would be determined and then reported as appropriate. He highlighted that the CCG was in the same situation as NHS England in that no additional revenue funding was available.

In response to clarification sought about potential for approval of investment to real estate TP advised that the CCG would support Practices to access available funds. However, a robust process was required to ensure that revenue costs could be met.

The Committee:

Noted that, from a total of 11 applications from NHS Vale of York CCG Practices for General Practice Infrastructure Funds in 2015/16, two improvement grants had been declined, a further four improvement grants had been supported in principle but further information was required, and five development projects had been supported in principle but further information was required.

8. Primary Care Update

In presenting this update CP noted that it was a standard report to CCG Primary Care Co-Commissioning Committees which would be refined through the transition process. The information comprised two sections, firstly relating to contract issues in respect of PMS Reviews, list closure requests, premises issues, Local Development Plans – York and Selby – Strategic Priority Planning and Section 106 monies, and Primary Care Infrastructure Fund; secondly a budget report under the Finance heading. Action required by the CCG for each section was detailed.

CP explained that the PMS review, in which the CCG had been fully engaged, was a national agenda to identify any areas of PMS contracts that could be reallocated across other Practices. One of the five PMS Practices within the CCG had not yet signed its contract and would be required to submit a case through the formal dispute process.

In respect of premises issues relating to Elvington Medical Practice, Jorvik/Gillygate and Haxby Group Practice (Huntington branch) discussions had commenced before full delegation of responsibility to the CCG. In one instance, the closure of the Dunnington Surgery from 1 September 2015, although the action had already taken

place, CP reported that the CCG had agreed to the closure. SM assured members that there would be no adverse effect on patient access, however confirmation was required about the financial position. TP noted that the CCG was working on internal processes to ensure that primary care decisions were considered in accordance with the Scheme of Delegation.

TM reiterated the need for processes to be established in this new area of responsibility but advised that the Primary Care Strategy Group had considered the closure of the Dunnington Surgery and agreed that there was no material change. CP confirmed that NHS England would be working with the CCG to establish clear processes through the transition.

In response to DB seeking clarification of the mechanism for consideration of Practice requests CP advised that NHS England immediately passed on such requests to CCGs. TP reiterated the requirement for revenue implications to be considered as part of the process.

DB requested that a proposal for a process for Practice requests and a summary of Practice requests with a status report be presented at the October meeting of the Quality and Finance Committee.

The Committee:

1. Noted the recommended actions in the report, namely:
    1. NHS England would be writing to inform all practices that remained in dispute over contracts to formalise the process and submit their case to the Family Health Service Appeals Authority.
    2. In regard to premises issues:
        - The Dunnington Surgery had closed and re-located to the MyHealth site with effect from 1 September 2015;
        - The CCG to note the closure of Gillygate surgery and agreement to uplift the rental payment and consider the request from the practice to backdate this increase from November and the merger of the practices;
        - To note development plans for the surgery and consideration of revenue consequences of Huntington development.
    3. In respect of Local Development Plans:
        - The CCG to liaise with the local councils around their strategic plan to determine how they can access the relevant Section 106 monies;
        - The CCG to note the agreed plans for the investment of section 106 funding to date.

2. Noted the request that proposal for a process for Practice requests and a summary of Practice requests with a status report be presented at the October meeting of the Quality and Finance Committee.

9. Next meeting

10.45am on 17 December 2015

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE CO-COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 17 SEPTEMBER 2015

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCC1	17 September 2015	Primary Care Update	• Proposal to be submitted to Quality and Finance Committee for process for Practice requests and summary of Practice requests with status report	SM	22 October 2015