

Approved 6 February 2018

## Minutes of a Meeting of the Primary Care Commissioning Committee Held in Public on Tuesday, 5 December 2017 in the Boardroom, Blackpool CCG

### Part I

Present: Mr R Fisher, Chairman  
Mr C Brown, Lay Member  
Mr DG Edmundson, 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, Chief Nurse

In Attendance: Dr A Rajpura, Director of Public Health/Local Authority Representative  
Mr J Gaskins, Deputy Chief Finance Officer  
Mrs H Lammond-Smith, Head of Commissioning  
Mrs M Ashton, Senior Primary Care Commissioning Manager  
Mrs E Phillips, Primary Care Commissioning Projects Manager  
Mrs S Bloy, Senior Primary Care Manager, NHS England Area Team  
Miss F Ollis, Executive Lead, Lancashire Coastal Medical Committee  
Miss L J Talbot, Secretary to the Governing Body

Public Attendees: Nil attendance

#### 89/17 Apologies for Absence

There were no apologies for absence.

#### 90/17 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/corporate-information/managing-conflicts-of-interest/>

The specific declarations of interest relating to Dr Green and Dr Fairhead were noted as follows:

**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

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**Dr S Fairhead**

- **GP Cleveleys Group Practice**

The Chairman asked members of the committee and those in attendance to declare any item if relevant during the meeting.

**91/17 Minutes of the Meeting Held on 3 October 2017**

**RESOLVED:** That the minutes of the minutes of the meeting held on 3 October 2017 be approved as a correct record.

**92/17 Matters Arising**

- (a) **79/17 NHS England GP Retention Scheme Process** – At the previous meeting, Mrs Bloy had been asked to check that the GP Retention Scheme was not just for GPs potentially planning on retiring but that it could be used flexibly. Mrs Bloy had subsequently sent an email confirmation of the position to members of the Committee which confirmed the flexibility of the GP Retention Scheme.
- (b) **83/17 Primary and Secondary Care Patient Activity Costs – Zero Tolerance Scheme** – Mrs Bloy confirmed to members that the issue relating to Blackpool possibly incurring secondary care costs relating to non-Blackpool patients that are registered with the Lancashire scheme had been resolved. Mr Harrison clarified that the matter was in hand and we were not expecting to pay for patients who are registered under the Lancashire scheme. At that time, NHS England had yet to write to the CCGs to explain the process and members were informed that the responsibility for this would lie with NHS England. Mrs Bloy informed members that this had been confirmed and a letter was being drafted by NHS England to be sent to other CCGs. It was anticipated that this would be sent out prior to the Christmas period.
- (c) **84/17 Update on Gorton Street Practice Closure** – Discussion had been held at the previous meeting regarding the global sum and the CCG ensuring that practices are not disadvantaged financially following dispersal. Members were informed that the issue had been resolved.

**93/17 Chairman's Communications**

There were no issues.

**94/17 Update on Practice Boundary Change for Glenroyd Medical Centre**

Mrs Phillips spoke to a circulated report and reminded members of the discussion held at the previous meeting whereby consideration was given to an initial application to change the practice boundary for Glenroyd Medical Centre. The committee had requested further detail regarding practice boundaries across Blackpool prior to making a decision. The report provided further information along with details of the 18 GP practices within the CCG boundary all with open lists, split into six neighbourhoods. Diagrams were also appended with the report detailing the current practice boundaries in Blackpool by neighbourhood and practices that cover the proposed boundary exclusion areas. Dr Doyle and Mr Bonson had recently met with the practice to discuss long term plans and the practice model in going forward. The practice had advised at the current time they had revised the staffing model to ensure appropriate skill mix across the practice and following the meeting, the CCG had been assured that the practice is keen to work with the CCG to consider future models for primary care.

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Mrs Phillips pointed out some issues that had been taken into consideration when determining the application:

- North – This area would still remain as an outer boundary of Glenroyd Medical Centre. The area is also covered by two other practice boundaries, ie, Cleveleys Health Centre and The Crescent Surgery.
- South – A small proportion of the area would still remain as an outer boundary of Glenroyd Medical Centre. This area and the larger proposed excluded area are currently covered by 11 other GP practices.

Mrs Phillips took members through the diagrams/maps showing the boundaries. Mr Edmundson sought clarification regarding the regulation around inner and outer boundaries and home visits. Mrs Phillips confirmed that the outer boundary of a practice allows patients that may move out of the practice catchment area to still remain registered with the practice but would not necessarily be eligible for home visits.

Dr Green commented that at one time, patients could register as part of a visit or appointments only which was linked to the inner and outer boundaries. Mr Edmundson commented that regardless of inner and outer boundaries, there should be one boundary for the practice. Mr Harrison commented that for Blackpool there is no need for the inner and outer boundaries to be different as the patch is small with a large number of GP practices. The committee should not propose inner and outer boundaries however, it was commented that in other areas this was a solution of benefit in rural areas. Mr Bonson had recently met with the GPs at Glenroyd Medical Centre and the practice had recently recruited a salaried and part-time doctor.

It was commented that the practice's strategy should state how they will work across a bigger footprint and whilst we recognise the issues they currently have, the CCG will help them to support this going forward. This however, did not solve the problem. The GPs at the practice had recognised the issues and they were keen to work with the CCG on a longer term solution. Mrs Bloy sought clarification as to whether the two Cleveleys practices had capacity to take additional patients if the boundary was reduced in the north and Dr Fairhead commented that the list size at her practice, ie, Cleveleys Group practice had increased by 1,000 patients in the last six months. The practice currently has capacity issues itself that they are working to address. She had a major concern as whatever they wish to do now, could change in six months' time and two practices in Cleveleys may struggle to take the patients in the area. She also pointed out that there are care homes in that area. Mrs Bloy commented that 17,000 patients for three GPs is high and she asked if there was a compromise with any of the practices at the south end of the boundary. Dr Fairhead commented that if agreement is made for one practice to change their boundary then we are setting a precedent and would have to allow other practices to do this also. Mr Harrison commented that we would need to understand where the housing growth is and a strategic piece of work would need to be undertaken to support this area.

Mr Edmundson made reference to co-terminosity between inner and outer boundaries and from that principle, the practices would need to come together to discuss. Dr Green pointed out that there are quite a few patients who are not registered for home visits. Mrs Ashton suggested setting up a meeting with the GP practices in the New Year to discuss practice boundaries. It was suggested that they should be provided with a briefing beforehand to allow them to prepare in advance of the discussion. Mr Harrison asked if Mrs Bloy could work with Mrs Ashton and Mrs Phillips to set this up as a workshop type of event to be held in January.

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At the current time a message would be conveyed to the Glenroyd Medical Centre that colleagues at the CCG would need to look at this in conjunction with other practice boundaries across the footprint. The CCG is not prevaricating but the further work will allow us to look at practice boundaries as a whole and ensure there is sufficient coverage across Blackpool for our patients.

**RESOLVED: That members receive the report and recognise that further discussion would need to be held in January with all practices on practice boundaries. In the meantime Glenroyd Medical Centre would be informed of the latest position.**

ACTION: EP

#### **95/17 Primary Care Co-commissioning Memorandum of Understanding**

Mrs Bloy spoke to a circulated report and reminded members of the discussion held at a recent meeting of the committee where members had received a draft Memorandum of Understanding (MOU) which sets out the role, responsibilities and working arrangements for the delivery of primary medical care services across Lancashire and South Cumbria. The MOU included general practice co-commissioning under joint commissioning (Level 2) and delegated commissioning (Level 3). The MOU is for the period 1 April 2017 through to 31 March 2018 and would help to ensure that the development and sustainability of primary care is achieved at scale across the Lancashire and South Cumbria footprint.

Mrs Bloy explained that the document proposed working arrangements between NHS England's primary care team and Lancashire and South Cumbria CCGs to ensure consistency and operational delivery of primary care. The revised document sought to remove ambiguity in terms of roles and responsibilities of each organisation and to encourage effective and integrated working relationships.

Mrs Bloy explained that it was anticipated from April 2018 that there would not be any significant changes.

Mr Edmundson commented that it would have been helpful to have seen the revisions within the document. He also made reference to previous discussion where it had been commented by a previous colleague from NHS England at a committee meeting that any decision the committee makes would have to be ratified. Mrs Bloy confirmed that this was not the case and this had possibly been lost in translation as to the correct understanding of delegation. She clarified that the Primary Care Commissioning Committee of Blackpool CCG has delegated authority and Mrs Bloy attends the meetings in an advisory capacity. It was commented that one of the issues previously related to QOF however, since then the CCG now has access to data that it did not have before. Mrs Bloy reassured members that the CCG should have all the information it requires. Mrs Ashton gave reassurance to committee members that the information the CCG's primary care team now receives is much improved.

Mr Harrison made reference to counter fraud and information governance and a question was asked as to whether NHS England is commissioning the services on behalf of the CCG and whether the committee has the delegated arrangement. It was commented that within the MOU, an information sharing agreement has been shared with CCGs which has been discussed at the Lancashire and South Cumbria Primary Care Quality Forum. CCGs were requested to sign up to this relating to information governance in 2016. Schedule 4 of the Delegation Agreement outlined further information sharing provisions and also sets out the scope for the secure and confidential sharing of information between the parties on a need to know basis between individual personnel in order to enable the parties to exercise their primary medical care commissioning functions in accordance with the law. It was also pointed out that NHS England commissions the Counter Fraud Service from NHS Protect.

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**RESOLVED: That members of the committee approve the Memorandum of Understanding for co-commissioning between NHS England and Lancashire and South Cumbria Clinical Commissioning Groups along with the task and functions list which was provided as a guide to the roles and responsibilities of NHS England and Blackpool CCG in the delivery of primary care contracting and commissioning functions.**

#### **96/17 GP Plus Update – 2017/18 Six Month Position**

Mrs Phillips spoke to a circulated report and reminded members that the GP Plus for 2017/18 contained 12 standards. Within the standards there are eight overarching key performance indicators relating to the following and detailed information was provided within the report:

- Access
- Medicines Optimisation
- Demand Management (x 2)
- Care Co-ordination
- Long Term Conditions (AF)
- Patient Experience
- Digital Access

All but one of the above KPIs have an additional payment for performance.

Members were reminded that as in previous years, the GP Plus budget allocation for 2017/18 was split into two parts. A payment paid irrespective of the practice performance representing 75% of the GP Plus funding and an additional payment for performance against KPIs representing a maximum of 25% linked to achievement of targets. Members were informed that in 2017/18, the payment arrangements differed to previous years and practices would receive both core and KPI funding on a monthly basis until the six month review has been carried out. The committee would then review practice achievement and determine if practices are to continue receiving the KPI payments based on the achievement of the KPIs at the six month point.

The report provided information on the six month position. Mrs Phillips explained that data was now available for five of the KPIs which showed where practices were in terms of the overarching KPIs for the first six months of the financial year – April to September 2017. Mrs Phillips took members through the standards and the position at month six against each of the standards.

Mrs Phillips explained that we have not received the full dataset for the medicines optimisation KPI however, the CCG's Head of Medicines Optimisation did not have any major concerns around this.

A small group met in November to discuss the achievement at the six month point and to determine which practices would be visited if they were deemed as outliers. The group consisted of a number of the CCG and CSU colleagues including clinical representation and from the Local Medical Committee.

Following the review of the data, the group determined that the practices that were not on track to meet the KPI targets would be visited and an action plan would be put in place to ensure the practices endeavour to meet their practice specific targets. The relevant practices would be visited first during December/early January and in the meantime, all practices would receive a letter advising them of their six month position.

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Dr Fairhead commented that this was a more robust process and practices were in a better position in terms of being informed earlier to allow them to endeavour to meet the targets by year end. Mr Harrison commented that practices that did not meet targets in 2016/17 and were given six months to achieve, that we would need to state to them that they have still not met the target and the withdrawal of the money from last year would also be undertaken. This was acknowledged as a fair point.

Mrs Phillips clarified that letters were being sent to practices and if the practices were not meeting the target at the six month point, we would hold back the KPI funding for that particular element until the year end.

**RESOLVED: That members of the committee note the position at month six.**

### **97/17 GP Extended Access (Seven Day Access) Update**

Members were informed that the provision for extended access provision was included within the primary urgent care contract which was awarded to PDS Medical Limited and commenced from 1 September 2017. The contract included a number of key performance indicators of which two were specific to extended access provision:

- Provide 30 minutes per 1,000 population per week from 1 April 2018. The provision for 45 minutes per 1,000 population is to be determined locally and is dependent on demand.
- Provision over seven days per week.

Mrs Phillips spoke to a circulated report which was an update in respect of GP extended access (seven day access). The report provided information on the core requirements of the GP extended access. The existing provision currently meets the national requirement of 30 minutes per 1,000 population for Blackpool CCG thus improving access to patients across the Fylde Coast. The service is located at Whitegate Drive Health Centre. Mrs Phillips took members through the report and informed them of the current situation informing them that the service had been fully operational since 16 September 2017 offering pre-bookable and same day access. Appointments are a combination of GP, nurses and health care assistant appointments. In addition to Blackpool, there are two other sites that offer this service across the Fylde Coast based at the same day Health Centre in Fleetwood and the Freckleton Health Centre. Information was provided on the opening times of the services across the Fylde Coast footprint. Mrs Phillips took members through the utilisation of the service from 4 September to 6 November 2017 which covered:

- Number of extended access service hours per week provided by Blackpool CCG extended access service.
- Utilisation per week
- Utilisation by day
- Extended access utilisation by practice

Mrs Phillips informed members that further work is to be undertaken to see which practices are utilising the appointments offered by the service. It was commented that uptake appeared low and utilisation on a Sunday was not something that was required for patients for the amount of time it was offered, ie, 8.00am to 8.00pm. Mr Harrison commented that we could look at re-defining this, suggesting we reduce the provision by 15 hours per week as we are currently providing over the 86 hour requirement and utilisation is low. The most effective way would be to drop Sunday however, this would require negotiation as there has to be some provision seven days a week. Dr Green asked how far in advance

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Sundays could be booked and Mrs Phillips thought that this was set up as one week however, she would check to see if they can be booked up to a longer date. ACTION: EP

Discussion ensued regarding the provision for 45 minutes per 1,000 population which is to be determined locally and is dependent on demand. Mrs Bloy would check this further. ACTION: SB

**Post meeting note: *There is no requirement to meet the 45 minutes per 1,000 population as long as need and utilisation are monitored.***

Mr Harrison commented that we have a strong case and being able to reduce the service on under-utilised days is a possibility and efficiencies could be made. Mr Edmundson suggested reducing the hours rather than stopping the service on Sundays and apply the same to Saturdays. Mr Bonson commented that if demand is there then he would be comfortable with this however, if not, we would need to match the supply. Mrs Bloy commented however, that from a Blackpool CCG perspective they were currently in an excellent position compared to other areas in Lancashire.

Mr Brown made reference to each practice having patient groups and he asked whether we need to ascertain their thoughts around this. Mrs Phillips commented however, that more time was required for the service to be embedded before any patient engagement is carried out and there needs to be more awareness of the service to allow greater utilisation.

Mrs Phillips made reference to the summary of attendance for the period 4 September to 6 November 2017:

- 3,270 appointments were available
- 1,208 appointments were booked
- 1,023 of booked appointments were attended (***typographical error in the report, should have stated 1,042***)
- 164 of booked appointments were not attended (DNA) (***typographical error in the report, should have stated 165***)
- 1 appointment was cancelled
- 2,082 appointments were not utilised

Mrs Phillips explained that as the service was rolled out via a phased approach during September, the CCG expected a low uptake in the first few months of the service becoming live. Now that the service is fully operational, it is intended to carry out some further promotional activities to ensure that uptake is increased and extended access appointments are fully utilised.

Mrs Phillips informed members of the next steps in the process. The provision would continue to be closely monitored to ensure the service continues to meet the national core requirements. She further explained that in order to enhance existing provision, both Blackpool CCG and Fylde and Wyre CCG are working towards:

- Any patient in the Fylde Coast being able to access extended access appointments at any of the three sites, ie, Fleetwood, Freckleton and Blackpool
- Patients able to book appointments into the service via 111
- Providers such as Walk-in-Centres and Urgent Treatment Centres being able to view available slots and book appointments for extended access to support the management of primary urgent care capacity across the Fylde Coast.

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Ms Ollis asked if patients could book online and Mrs Phillips responded that they could not at this point but as the service is in its infancy, this method of booking would be a development further down the line. It was commented that we could be missing out a whole scope of patients. Mrs Phillips commented that work was taking place on this at an STP level making reference to the digital element of extended access. Funding had only recently been released and an STP level workshop would be held later in the week to discuss this further.

The Chairman asked whether we needed a longer period around this. Mrs Phillips confirmed that this was the case and she would provide the committee with an update in approximately three months' time.

**RESOLVED: That members approve the report.**

#### **98/17 International GP Recruitment**

Mrs Ashton spoke to a circulated report and reminded members that the CCG was asked to participate in an international GP recruitment campaign with other CCGs from Lancashire and South Cumbria in May 2017. The Workforce Steering Group had agreed to work towards the November submission and Blackpool CCG had 15 practices that had expressed an interest in taking part in the recruitment programme.

A national GP international recruitment office would be established to organise and run this scaled up international recruitment programme. A proposal was appended with the summary which had been submitted on a Lancashire and South Cumbria basis. The CCGs have all carried out a local piece of work to determine how many vacancies they currently have and how many vacancies they will have in the next 12 months, for example, retirements. The proposal is requesting 140 international recruits from the programme and local GPs will be actively engaged and involved with the selection process to ensure they have a GP that is right for their practice.

**RESOLVED: That members note the progress to date.**

#### **99/17 Emergency Planning, Resilience and Response in Primary Care (EPRR)**

Mrs Phillips informed members that the Emergency Planning, Resilience and Response document had recently been approved by the Governing Body however, a query had been raised at the meeting about EPRR for primary care and if the CCG has a role in assuring this. It was commented at the meeting that this may be an NHS England role but may not be the CCG's role via delegated co-commissioning.

Since the meeting, Mrs Phillips had been advised that whilst the CCG is not responsible for preparedness in practices, it does need to be assured that they have a level of business continuity planning in place. Mrs Phillips informed members that Fylde and Wyre CCG has within their quality contract to update the business continuity plan however, this is not the case for Blackpool CCG GP practices. She had spoken to the Fylde and Wyre CCG Senior Governance Manager Risk/Assurance about having a standardised template for business continuity plans. It was recognised however, that this is different across the patch and there needed to be a proposal for Blackpool. The Senior Governance Manager for Risk/Assurance would discuss business continuity plans with Practice Managers with a view to adopting the same template that Fylde and Wyre CCG has in place with their GP practices. The CCG's Chief Nurse had reviewed the template and felt it was adequate for our needs. It was intended that this would be rolled out across Blackpool on a neighbourhood footprint and via a staged approach. The Secretary would inform the CCG's Registered Nurse member on the Governing Body of this outcome as she had raised this at a recent meeting of the Governing Body.

**ACTION: LJ**

**RESOLVED: That members note the information provided.**

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**100/17 Amendment to the Committee Terms of Reference and Membership**

The Secretary spoke to a circulated copy of the Primary Care Commissioning Committee's Terms of Reference and Membership. At a recent meeting of the CCG's Executives and Deputies Team, discussion had been held about items that could potentially be tabled or verbal items at short notice being submitted to the committee meeting. As a result, therefore, two additional paragraphs had been included within the Terms of Reference and Membership to reflect this.

**RESOLVED: That members approve the amendments to the Committee's Terms of Reference and Membership.**

**101/17 Items for Inclusion on the Risk Register**

There were no items raised.

**102/17 Any Other Business**

**23 January 2017 – Integration 2020 – Building a New Village** – Dr Rajpura informed members that following on from the event held on 18 October 2017, the next business planning event would be held on 23 January 2018. He asked as many primary care colleagues to attend as possible. A communication would be sent out in due course.

ACTION: AR/LT

**103/17 Date, Time and Venue of Next Meeting Held in Public**

The next meeting to be held in public would be Tuesday, 6 February 2018 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 .....**