NHS Wirral Clinical Commissioning Group

WIRRAL CLINICAL COMMISSIONING GROUP
Primary Medical Care Co-Commissioning Committee Minutes of Meeting – PUBLIC SESSION

13th June 2017
2pm - 4pm (2 hrs)
Duncan Room, Old Market House

Present:

Sylvia Cheater (SC) - Lay Member-Patient Champion, Wirral CCG (Chair)
Nesta Hawker (NH) – Director of Commissioning WCCG
Mike Treharne (MT) – Director of Finance WCCG
Lorna Quigley (LQ) – Director of Quality & Performance WCCG
Dr James Sowery (JS) – GP/Members Council Chair
Dr Simon Delaney (SD) – GP/Primary Care Clinical Lead
Iain Stewart (IS) – Assistant Director of Primary Care and Partnerships
Martyn Kent (MK) – Assistant Director of Primary Care Transformation
Carla Sutton (CS) – Contract Manager, NHS England (Cheshire & Merseyside)
Graham Hodkinson (GH) – Director of Adult Social Services, Wirral Council/Health and Wellbeing Board representative
Alan Whittle (AW) – Lay Member-Audit & Governance, Wirral CCG

In Attendance:

Oliver Stewart (OS) – Administrative Support WCCG

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	Preliminary Business (SC) opened the meeting and introduced herself to the committee members, as the new Chair. Introductions were made by the rest of the committee members. **1.1 Apologies for absence** No Apologies were noted	
	1.2 Chairs Announcements/Opening Remarks **1.2 Declarations of Interest** (SD) and (JS) made the customary declaration that they were GPs due to agenda items involving proposed investment into member practices	

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	1.3 Comments/questions from members of the public No members of the public were in attendance. **1.5 Minutes & Action Points from previous meeting held on:** 14th March 2017 The minutes of the previous meeting held on 14/03/2017 were agreed as TRUE and ACCURATE record subject to the following amendments notwithstanding grammatical/typographical errors, which will be rectified; Section 1.5 Action log Number **19**: to be closed. **ACTION** Number **21**: (IS) It was the wish of the previous Chair to raise the issue of a lack of a single voice from Primary Care and to have this lack of collaborative working logged as a risk. IS has spoken to Director of Corporate Affairs about raising the matter with Governing Body. ***Action Points***: Query over action point (1.5 of minutes) re: compiling of a report for the Chair to submit to the committee. (IS) explained how the report format was to follow later. (CS) Asked if there could be a contracting section included in the report. (GH) **Q.** Is there likely to be anything about primary care performance or QIPP included in the report? MT explained that the Primary Care Quality Scheme will provide a granular level of detail on the agreed areas of performance within the scheme and there are national performance indicators for primary care that are assessed by the CCG. **1.6 Matters Arising** **Action log:** Action item 16-17-6 - (MT) Two GP Federations is an obstacle to a single voice for Primary Care. This will however evolve over time as federations work jointly together. (JS) Wording of this risk needs to be sensitive to the current environment. (IS) Will formulate wording for this and present before the committee for approval before sending to Governing Body. **ACTION**	**OS** **IS**

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	1.7 (Item 1.6 on agenda – NHSE Update) (CS) Some payments made under QOF were incorrect. Number of payments will need clawing back due to a system error. Practices concerned are aware of error but not yet aware of how that money will be adjusted for, therefore NHS England will be communicating to practice members.	
	2.0 Wirral Primary Care Transformation Plan (IS) Explained to the group how this is envisaged to be a 'live document' due to elements of GPFV plan that are yet to be finalised and will require consideration and/or adjustment at a later date. Governing body happy to proceed with the plan. PMCCC should expect regular updates about the plan and items for consideration, going forward. (MT) Important to get communication strategy right. Ideally, should be able to ask practices what the main points of the plan are and they be able to easily explain. (SD) Important that LMC are included in this. (IS) Re-iterated this at LMC meeting earlier in May. Hope to get main points of plan into a brief document and disseminate to practices. (CS) NHSE willing to share information re: providing greater facilitation. **Q.** (JS) There are a number of barriers facing GPs returning from overseas. Seems to be too many hurdles, why is this? **A.** (CS) Willing to escalate and put a colleague in touch to gather more details and to better understand the issue. (NH) Need to make this a fixed agenda item and receive a progress report at each meeting, sharing with practices/LMC etc. **ACTION** Noted and accepted by the committee.	**IS**
	3.0 General Practice Prescribing Incentive Scheme (IS) Briefly outlined the logic and reasoning behind the scheme. Prescribing is estimated to be the 3rd largest expenditure, locally. £3.1 million QIPP contribution predicted by the Medicines Management Team. Q. (GH) What is the percentage given back to practices? A. (IS) £1 per patient if target met and 50% of any underspend. May be scope to revise what percentage they receive if significantly better than expected (i.e. unexpected savings).	

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	(MT) If we set budget on outturn and practices achieve that budget we have achieved our QIPP. For anything saved beyond the budget it is important that practices feel the benefit/continue to be incentivised for achieving this. Q. (NH) Is this in addition to the Medicines Management £3.1 million QIPP scheme? A. (IS) Yes, this is in addition to the QIPP scheme. (LQ) Important to remember that this is primarily about promoting good prescribing practices and is about clinical need rather than saving money. (AW) It's important that GPs understand that this is for non-recurrent savings. (MT) There's a need to avoid creating a disincentive among top performers when setting next budget in 2018/19. Most GPs are engaged and want to get on with it. (SD) Some good engagement among GPs but some practices who were in the repeat re-ordering scheme are concerned that their budgets will be affected by this. There's a need for a robust appeals process. (MT) Next year, concurrent primary care activity and secondary care activity should be included to gauge the impact across the wider primary care system. (SC) Query over section 3.4 of the Prescribing Incentive Scheme. Appears rather loosely defined and subjective. (MT) In response to an LMC request - For example, if a practice has a history of overspending but makes significant budget management improvement but may still be missing the scheme target, they wouldn't receive any incentive. There may be scope to allow practices that miss the target but still make significant improvement to keep a percentage of what they have saved. Will encourage practices to share the risk across Wirral, rather than those who know they can't meet the target not even trying. (IS) These cases will come before committee and be subject to scrutiny, discussion and consideration. (AW) A mid-year report would give us an idea of the scale of the issue. (IS) Month six is due early November – perhaps need to arrange a meeting before Christmas. **ACTION**	**IS**
	4.0 Syrian Resettlement Programme Locally Commissioned Service (IS) Updated the group as to the reason for the scheme and its progress so far. Wirral is committed to taking in 100 Syrian refugees. Currently 42 here already and are mostly family units.	

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	Role of CCG is to enable them to register with a practice and access necessary healthcare. Practices will receive £600 per patient for each Syrian refugee that registers. (SD) Having looked at some of the medical records the most prevalent issues surround victims of torture (primarily amongst the adult men) as well as general exposure to traumatic events. Likely fallout will be increased need for issues such as PTSD and other psychological/emotional welfare needs. Possibility for future strain on local mental health services. (IS) "Refugee Action" provide 7 days of assisted support to new arrivals, eg. Help them register with GP practices/Dentists etc. Funding is available to the CCG for up to 5 years for longer term health burden costs. A piece of work needs to be done regarding a clinical assessment of the likely health needs of this group over the next 5 years, so that the findings can be presented to the Home Office as part of a funding request. **Q.** (SC) How much notice do practices receive, informing them that they are to expect these patients? **A.** (IS) CCG finds out a week before refugees arrive and informs practices within the vicinity of where the refugees are being housed that they are likely to receive registration requests.	
	5.0 Primary Care Quality Scheme 2016/17 – Final Achievement Results (MK) All indicators for 16/17 are positive. All practices have illustrated a high degree of performance on the medicines management indicators; - Antibiotic prescribing is down 2% - Ambulatory care sensitive admissions down 8.1% - Referrals down 7.9% Committee to note and commend Primary Care work on achieving this. Possible amendment – As eluded to earlier in the minutes there is a case to be made for recognising practices who may not have necessarily met their entire target, but who have made savings nonetheless. The suggestion was to pay practices who made some sort of reduction in spending.	

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	(MK) provides some examples of practices that have low baselines but haven't achieved an overall reduction. Need to reward and recognise effort and good practice in order to incentivise a continuation of that behaviour. (MK) goes on to highlight a small number of practices that are significantly higher than the CCG baseline and therefore won't be receiving payment. Might be the case that the clawback option is activated. **Q.** (LQ) How close is the current reduction getting Wirral to the national average? **A.** (MK) Don't currently have sufficient data to carry out a comparison. An initial 40% payment is made and the decision is now whether to make the 60% reward payment. **Q.** (LQ/MT) Is it not unfair that practices who have done well in the past but who can no longer make big savings should receive less than those who are above the CCG baseline but still able to make significant savings? **A.** (MK) There's some rationale for paying practices in both situations. **Q.** (SD) Was clawback clause explicit in the contract? **A.** (SC/MT) Yes, it was very clear and strongly worded. (AW) A lesson to be carried forward is to take into consideration the benchmark positions of practices and that of the national average when implementing changes. (MT) To make it clear what is being suggested, the suggestion is to pay practices who have achieved a reduction or who are below the CCG average. (MK) Those practices on the completely wrong trajectory should be subject to the activation of the clawback option. Will bring evidence of any appeals to the committee E.G. One practice, which missed its target but claims to have an above average number of COPD patients would like to appeal. (MT) As previously stated, some practices won't be able to achieve criteria of the targets set but we should incentivise them to do their best to reduce costs. (LQ) Wirral is still spending significantly more than the national average. (AW) We should be setting regional benchmarks rather than just for Wirral. (MK) Agreed, one data source is not sufficient. Committee Agreed on this item.	

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	6.0 Wirral GP Federation Funding Proposal (MK) Want to be able to fund GP Federations to carry out meetings, forums and workshops (not currently paid) for involvement in Accountable Care forums etc. (NH) This was discussed at an earlier meeting. - Need Federations to know what we expect the outcomes to be. - How will Federations align? - Will require collaborative work with GPFV and Community Foundation Trust. - Will need to ask federations what they will be doing to get practices on-board. The recommendation from the Operational Group is to approve the release of funding subject to the reporting criteria being met. (GH) Proposed a change to 2.3 in "Accountable Care System Wirral GP Federation". "Would be useful to list those involved." **Q.** (AW) Is there a budget for this? **A.** (MT) Technically, no. However, it is believed that there is sufficient room to find efficiencies that will free up funds. (CS) There is support available from other CCGs that have progressed further with this than Wirral. Approved by committee (with outcomes added on).	
	7.0 Annual Complaints Report (LQ) Outlined the process for handling complaints. - 64 complaints in 16/17 - 50 General Practice - 5 Community Pharmacy - 9 Dental 9 partially or fully upheld and 3 sent to a partner agency. Broad themes and nothing to be overly concerned about. For noting. **Q.** (MT) Was there an issue in July? Complaints were double the average. Also, can reporting be cut by theme?	

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	A. (LQ) Is possible to cut by theme but due to small numbers it may create more concern/work than is necessary. (GH) The report doesn't tell us much. Would be more useful to the practice to know the nature of the complaint.	
	9.0 Risk Register **16-17-3:** (IS) Proposes the removal of the Transformation plan from the register. **16-17-4:** Re: Estates and Technology bids. Only one way to secure capital contribution from NHS England and that is to partner with NHS Property Services. Warned of significant rental increases and that those who have not partnered with NHS Property Services cannot expect financial contribution towards rent increases. (MT) We can't afford to be taking on liabilities such as huge rent increases. (IS) There are currently 3 practices thinking about linking and coming together. CCG to communicate to NHSE that this is our position and the proposals are in our risk strategy. (NH) Risk needs increasing to reflect the above. **ACTION** (IS) 4 for likelihood and 4 for potential impact. **16-17-5:** (IS) Being level 2 commissioners has thrown up some restrictions around GP Access hubs. It is the intention to invite current Level 3 CCG commissioners to a series of engagement meetings, in conjunction with the LMC, to relay their experiences. (IS) Money allocated to GP national contracts is ring-fenced and this is part of the communication examples that will be used with engaging with primary care. (SC) Concerned that a vote held today would result in the proposal being rejected due to the initial vote having been won based on missing or incorrect information. (NH) Important to acknowledge that there is a risk to taking this on. (SC) Is there a plan to do so?	**IS/OS**

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	(IS) Communications and engagement plan has been agreed by this committee. (MT) Suggests that what is being requested is a strong focus on engaging with member practices to get this message out. A GP to GP only meeting was suggested. **(MK)** Suggestion to discharge the last two items on the register as closed which Committee agreed.	
	Any Other Business Group reviewed a letter sent to Tom Knight (NHSE) in May. (AW) There was a verbal commitment at a previous Members Meeting to look at individual practices that are disadvantaged by not advancing sufficient funding from PCQS, instead of funds being released at the end of the year. (NH) Asked the group to agree to change terms to 60% advance payment and 40% reward payment for practices that sign up – Committee agreed.	
Date and Time of Next Meeting 12th September 2017, 2pm – 4pm, Beveridge Room, OMH. Please forward any apologies to **oliver.stewart@nhs.,net**		