NHS
Wirral
Clinical Commissioning Group

Primary Care Co-Commissioning Committee
Part A
12/09/2017
14:00 – 16:00
Duncan Room

Present:

Sylvia Cheater - Lay Member-Patient Champion, Wirral CCG (Chair)
Dr James Sowery - GP/Members Council Chair
Dr Simon Delaney - GP/Primary Care Clinical Lead
Nesta Hawker - Director of Commissioning, Wirral CCG
Mike Treharne – Chief Finance Officer, Wirral CCG
Iain Stewart – Asst. Director Primary Care and Partnerships WCCG
Martyn Kent – Asst Director Primary Care Transformation WCCG
Sara Smith – Contract Manager, NHS England (Cheshire & Merseyside)
Alan Whittle – Lay Member-Audit & Governance, Wirral CCG

In Attendance:

Oliver Stewart – Administrator - WCCG

Ref No. 17/18	Minute	Action
	1.0 Preliminary Business: Chair's Comments: (**SC**) Opened the meeting and introductions were made. SC commented that despite the meeting being open to the public, members of the public don't attend, therefore asked if CCG can be more proactive with promoting meeting dates for general public information. ACTION: IS to arrange promotion of meetings for general public. **1.1 Apologies:** Apologies were received for: Carla Sutton Tom Knight 1.2 **Declarations of Interest:** Standard declarations were made by GP committee members. **1.3 Comments/Questions from members of the public.**	

Ref No. 17/18	Minute	Action
	No members of the public were present. **1.4 Minutes and Action Points from previous meeting:** The minutes from the previous meeting were reviewed and a few minor amendments to job titles were identified and rectified. Minutes were then agreed by the committee to be a fair an accurate record of the meeting. (**IS**) All actions in action log are closed except for Action No. 21 (lack of a single primary care voice for Wirral) **1.5 ToRs** (**NH**) Purpose of committee is to provide assurance to Governing Body that primary care services continue to deliver quality patient care. (**JS**) Is committee to be held bi-monthly going forward? (**NH**) It is CCG belief that there is too much work ongoing for the committee to meet quarterly therefore bi-monthly meetings have been proposed as a means of keeping on top of workload. Proposal to drop "Medical" from PMCCC title was tabled. Will need to confirm with Director of Corporate Affairs with regard to CCG constitution. (**SD**) Should LMC be invited to future meetings? (**IS**) LMC were originally invited to attend in a non-voting capacity and it remains open to the LMC to send an officer representative. (**MK**) Point 3.11 of Terms of Reference (ToR) shows LMC were invited. (**MT**) Need to think how this committee will stand in an accountable care environment. The promotion of sustainability in primary care being its primary role. Committee agree to amendments proposed for ToR.	
	Item 2: GP Prescribing Budget Incentive Scheme Update a. (**IS**) Practices reward will be £1 per registered patient if budget is not overspent plus a percentage share of any budget efficiencies achieved. (September 2017 budget performance figure is £149k underspend against budget.)	

Ref No. 17/18	Minute	Action
	(**MT**) Caveats to this news include some practices who have a high percentage of trans-gender patients and a high number of nursing home patients. Not necessary to reset the budget but important to recognise these factors as unique. Sometimes there is no cheaper alternative available and in these instances it is unfair to penalise practices. b. (**IS**) Repeat prescribing to be implemented/Go-Live by end of September 2017. (**SD**) What if practices haven't gone live by then or don't want to participate? (**MK**) We've had one practice ask to opt out. Need to consider our response before replying. (**MT**) West Cheshire CCG has got all practices participating in their scheme. What is the difference between them and us? Can we look to emulate their model when implementing on Wirral? Previously, there was no incentive for community pharmacies to engage with this. (**JS**) Evidence coming out from practices is that there isn't as much additional work as had been anticipated and the use of online ordering tools is helping. An exception having been made for elderly and vulnerable patients. Work will take a month to implement which my impact upon practices trying to meet end of September deadline.	
	3.1 GP Forward View (**IS**) Delivered a brief explanation to the group of what the "Verto" project management system is; Allows user to enter key milestone dates and view weekly tasks. Will provide an update for the next meeting and every meeting thereafter. **ACTION** (**MT**) Need a recovery plan if milestone targets are not met. (**IS**) Verto requires the user to enter an explanation before changing milestones. Intention is to include "business as usual" items on this plan.	IS

Ref No. 17/18	Minute	Action
	(**MT**) Will need an access model based on patient distribution. (**IS**) This is included in the "Models of Care" section of GPFV. (**MK**) Committee will get an update on what Primary Care centred work is going on and a more formal update will be delivered at the next meeting. **ACTION** (**AW**) What sort of reporting should this committee provide to Governing Body? Committee agrees that some form of 'mid-year' report needs to be compiled and submitted to Governing Body. There is also a new NHS England data collection system.	MK
	4.1 PCQS 16/17 (**MK**) Key messages: All but one of targets achieved to date (Good experience booking appointments) £846K paid from a £1m budget. Small amount to be paid following appeals. Lessons learned: - Possible earlier release of scheme: For example, bring to committee in December ahead of following financial year starting April. - Re: GP referral target – Consider more quality metrics rather that solely quantity. - Some appeals received as a result of the blanket rollout. Year 2 needs to be refined at by December Committee. (**SC**) Very process orientated and loses sight of patient experience and outcome - Not sure what the answer is. (**MT**) Appeals process allows CCG to consider exceptional issues on a case by case basis. CCG will continue to incentivise best practice. (**AW**) A tiered approach seems appropriate, which recognises practices with different challenges and who might find it more difficult to achieve sweeping/drastic targets. Feedback from practices regarding where they think they could improve quality outcomes, would be useful. (**AW**) A comment at a previous member's meeting was that the majority of funding being held back in reward payments was creating problems as that money is needed by practices to invest in additional staff and the implementation of new systems.	

Ref No. 17/18	Minute	Action
	(**MT**) Agree with this point but there's a balance to be struck as clawing back from practices is worst case scenario for all. (**MK**) CCG has paid 60% as an aspirational payment to practices as a result of this committee's decision. (**MT**) In the long term CCG be looking at holistic and preventative care outcomes from the scheme. (**NH**) Agree, but whilst CCG is in the current financial challenge it must be accepted that the scheme is primarily about impacting upon budgets. **Part B Highlight Report:** (**MK**) Explained highlight report. Current performance for elective activity is 20% below plan. Non-elective admissions 7.7% over plan and a 2.4% year on year increase. (**MT**) Processes at WUTH are the issue. Freeing up beds currently simply result in more patients being admitted to those beds. (**NH**) CCG pays a non-elective tariff for people who are admitted by WUTH (even if it's for one minute in order to avoid a breach of the 4 hour wait). Coding as non-elective admissions in these instances is an element of the increasing costs being incurred. (**MT**) Suggested CCG stops paying for these short stay admissions and force the matter to arbitration. (**MK**) suggested CCG could benchmark practices against use of Access Hubs, 111 etc. to see if this reduces admissions. (**AW**) asked what proportion of admissions is a result of GP activity? (**MK**) advised it is less than 20%. (**MK**) informed committee that Scriptswitch is just below plan by £14K. (**MK**) went on to update on the Care home scheme – over 1,300 patients involved. Support meeting scheduled after Protected Learning Time on 14/09/2017. No negligible effects reported as yet. He further advised that East and West Cheshire CCGs have fewer admissions than Wirral and their services are aligned which help keep people out of hospital.	

Ref No. 17/18	Minute	Action
	5.1 Primary Care Co-Commissioning Level 3 Update (**IS**) a Frequently Asked Questions sheet has been developed in response to member practices questions raised – a further 18 queries have recently been added to the sheet. Liverpool, Halton and West Cheshire CCGs invited to attend to have a GP to GP conversation about pros and cons at October members meeting. Dr Rob Barnett from Liverpool LMC has been invited to Wirral LMC to relay his experiences and advice. (**IS**) need to agree on how the voting will work. It was previously agreed that a stronger mandate from member practices should be sought. (**SD**) queried whether one practice, one vote is fair as practices are different make ups – (**IS**) advised that previous voting applied a weighting factor based upon list sizes to reflect different practice sizes and influence on the final decision. Committee agreed that 50% of all Wirral practices casting a vote should be the minimum to consider for a mandate. (**AW**) Think we should seek advice from NHS England on the most effective way of voting and a way that takes into account different practices. (**SS**) advised that CCG should follow its constitution details for how voting is arranged.	
	6.1 Wirral GP Access Hubs Highlight Report (MK) Explained terms of Access document; Most appointments have been booked. Fairly high DNA rate, 13/14% - (**SD**) suggested an explanation could be that patients can't cancel appointments after 6:30pm and therefore patients are more likely to fail to attend rather than cancel as it's not their registered practice. Operating above their target of 800 appointments. Now at 900+ per week As part of the implementation plan, CCG needs to agree a financial model with providers. Sunday opening will be trialled and a soft public launch in terms of advertising. (**SC**) stated understand reasons for soft launch but have a feeling people aren't aware that this is an additional service.	

Ref No. 17/18	Minute	Action
	Also, It's not equal access if host practices are using up majority of appointments. (**AW**) suggested it may also be worth doing some research on the high level of DNAs. (**IS**) informed members that there is provision is there for practices to utilise SMS text reminders for access hubs.	
	7.1 Wirral Primary Care Quality Dashboard Development Report (**MK**) proposed a centralised dashboard would be beneficial to draft and bring to committee at a later date. (**MT**) suggested thought to be given to how to measure things i.e. think about how things are measured and not just measure admissions/treatment figures etc. (**NH**) asked for someone to look at the population registries progress – **ACTION – Sarah Boyd-Short to progress.** (**SD**) proposed it is necessary to agree on what outcomes the CCG wants to be achieved. (**JS**) expressed concern among practices that if they are constantly highlighting contract performance it will leave them open to being unfairly judged and perhaps penalised if one data set shows a dip in performance.	**SBS**
	8.1 NHS England Update: (**SS**) advised that contacting NHS England for PCSE matters seems to be more effective currently. Details for control notices are for Primary Care Operational Group rather than the Committee. (**MT**) stated that the committee should see details of complaints about PCSE service to inform committee. (**SS**) explained L3 complaints will stay with NHS England and Patients can only complain to NHS England or their practice, not both.	
	9.1 Risk Register (**IS**) updated the committee on Estates Technology Transformation Fund (ETTF)– Any practice wishing to access NHS capital has to partner with NHS Property Services. Alternatively, they can raise the capital themselves and pursue agreement from NHS England on increased rental reimbursement. If the CCG becomes fully delegated co-commissioners it will assume financial responsibility for future rent increases. (**MT**) asked if the CCG has an understanding of current need from practices wishing to access capital via ETTF and to ensure that practices not yet developed with project	

Ref No. 17/18	Minute	Action
	proposals are not disadvantaged. (**IS**) explained that this risk can be closed as none of our practices with project proposals wish to partner with NHS Property Services.	
	Any Other Business None recorded	
Date and Time of Next Meeting: 12th December 2017, 2pm – 4pm. Room 514 OMH		