

Primary Care Co-commissioning Committee
Tuesday 12 December 2017, 2pm – 4pm, Room 514, Old Market House

MINUTES – PART A

Present:

Sylvia Cheater MBE (SC) - Lay Member-Patient Champion, Wirral CCG (Chair)
 Dr Simon Delaney (SD) - GP Clinical Lead, Wirral CCG
 Alan Whittle (AW) – Lay Member, Wirral CCG
 Dr James Sowery (JS) - GP/Members Council Chair
 Carla Sutton (CS) – NHS England
 Phil McGunigall (PMc) – Practice Manager Lead Wirral CCG, Civic Medical Centre
 Mike Treharne (MT) - Chief Finance Officer, Wirral CCG
 Martyn Kent (MK) - Assistant Director Primary Care Transformation, Wirral CCG
 Nesta Hawker (NH) - Director of Commissioning, Wirral CCG
 Sarah Boyd-Short (SBS) – Senior Commissioning Lead – Primary Care, Wirral CCG
 Iain Stewart (IS) – Assistant Director of Primary Care and Partnerships, Wirral CCG
 Usman Majid – Business Analyst, Wirral CCG

In attendance:

Natalie Caffrey – Admin Support

Item 1	Minute	Action
	<p>Preliminary business</p> <p>The chair welcomed everyone to today’s meeting.</p>	
1.1	<p>Apologies for absence</p> <p>Lorna Quigley.</p>	
1.2	<p>Chairs announcements</p> <p>Ongoing message to committee of possibility of public attendance at these meetings. As of yet no public members have attended.</p>	
1.3	<p>Declarations of interest</p> <p>Usual conflict of interests advised by GP members Dr Simon Delaney and Dr James Sowery.</p>	
1.4	<p>Minutes and action points from previous meetings</p> <p>Amendments to September and November 2017 minutes discussed and agreed. Both minutes to be updated to reflect changes.</p>	
1.5	<p>Terms of Reference</p>	

	<p>Final confirmation received that the name of the committee is the Primary Care Co-commissioning Committee.</p> <p>Lay Member (Quality & Outcomes), Wirral CCG to be removed from Terms of Reference.</p> <p>MT's job title to be amended to Chief Finance Officer.</p> <p>Terms of reference agreed by committee.</p>	
1.6	<p>Risk Register</p> <p></p> <p>Risk Register as at 12.12.2017.xlsx</p>	
1.7	<p>Matters Arising</p> <p>No current matters arising.</p>	
Item 2		
2.1	<p>Delegated Commissioning Update</p> <p>IS provided outcome of survey monkey to all GP practices.</p> <p>In line with the CCG constitution votes were weighted based upon member practice list-size (for every 2500 patients) which concluded in response to the CCG seeking to undertake fully delegated co-commissioning that;</p> <ul style="list-style-type: none"> - 98 voted No - 35 voted Yes <p>Wirral CCG has since been advised by the national NHS England team that the CCG will not be supported in fully delegated responsibilities from April 2018 due to the financial position.</p> <p>It was expressed by all members that this is a disappointment, but appreciate the decision was made on a national scale, rather than a local one.</p> <p>AW advised it would be useful to follow up on concerns amongst voters who voted no and reasons for non-votes to assist the CCG in future developments.</p> <p>JS advised trust was a key theme highlighted from the member engagement.</p>	
Item 3		
3.1	<p>Primary Care Quality Scheme 2017-18 Highlight Report</p> <p>MK advised the highlight report not available due to query over accuracy of referral data (WUTH) that had recently been identified (circa -7% versus reported -20% reduction).</p> <p>The CCG's BI Team is working with WUTH to identify what steps can be taken to address the matter.</p> <p>The risk was highlighted of the impact on General Practices in terms of their PCQS achievement if referral data is incorrect.</p>	

	<p>New targets are being developed for 18/19 and will be presented to the committee at the February meeting. These included the option to include the new LTC Registries as a 'supporting enabler' to reduce admissions e.g. Not as new target.</p> <p>An update will be provided in February 2018 regarding 17/18 performance (inc data quality issues) and new 18/19 targets and support enablers: ACTION</p>	MK
Item 4		
4.1	<p>GPFV Update</p> <p><u>On-line Consultations</u> Market assessment day undertaken on 10 October 2017 with 4 potential providers. Further guidance on accessing funding has been provided by NHSE. Funding application submitted to NHS England by CCG and response awaited.</p> <p><u>Practice Wi-Fi</u> Wi-Fi Installation underway for all GP practices and public for both staff and public. Egton are the lead supplier for installation.</p> <p><u>Digital Hub - CCG successful in 5 digital bids:</u></p> <ol style="list-style-type: none"> 1) MPLS 2) NWSIS 3) Remote Working 4) Bi-Directional Hub 5) DocMan Cloud <p><u>International Recruitment</u></p> <p>Wirral CCG has not submitted a bid for international recruitment as part of wider Cheshire & Merseyside submission. Rationale being that GP recruitment is not an issue on Wirral. In addition, practices would need to hold any vacancy open until the international GP arrives.</p>	
Item 5		
5.1	<p>Wirral GP Access Hubs</p> <p>Discussions with both federations in progress. MK presented report detailing 2 potential options. Option 1 with a 9 site model and option 2 with a 9+2 site model. Both GP federations support option 2.</p> <p>NH advised Public Health is undertaking a piece of work around mapping the Wirral footprint which will further inform this work. They are aiming to have this complete in the next few weeks. NH requested any further progress in developing the model be delayed until the outcome of this work to ensure the service aligns with the Wirral map. The committee agreed this was the best approach and that the committee can meet virtually if needed once PH footprint work complete to progress GP Access Hubs accordingly.</p>	
Item 6		
6.1	<p>Enhanced Primary Care in Care Homes</p>	

MK presented a report which detailed proposed changes to the service specification post 1st April 2018. These changes included:

- a) GP Practice providers will be expected to deliver the scheme at scale, with a minimum of 20 patients per home/ward round or full 100% coverage of a home if the bed capacity is lower to be able to claim.
- b) Practices will be encouraged to collaborate with other practices to deliver the scheme at scale. There will be no expectation for patients to re-register with the practice delivering the scheme and practices will be able to deliver the scheme to patients not currently registered with their practice.
- c) The scheme is to be delivered to 100% of elderly care home patients from April 2018 and therefore the scheme will be offered to other practices or GP Federations for any practice not wishing to deliver the scheme.
- d) Practices not delivering the scheme or for practices for whom another practice delivers the scheme on their behalf, will still be responsible for acute problems/visits for their registered patients in these care homes. (including updating patient's medical records)
- e) Consider extending eligible patients to be managed to also include patients with mental health needs or learning disabilities. The following care homes have been recommended by the Council's lead commissioner and are subject to further consideration by the CCG's GP Clinical Lead.

Kingsley House – 16 beds (Residential Mental Health)

Melrose House – 29 beds (Residential Mental Health)

Newhaven Sunningdale Road 14 beds – (Residential Learning Disabilities)

- f) All practices wishing to provide the service must have their implementation plans countersigned by the care home to receive the service e.g. agreement on day(s) and time of ward round and staff involved
- g) All claims from practices must be countersigned by the care home for each quarter of the financial year agreeing the ward rounds took place.
- h) All providers providing a mainly nurse led model (once a month GP visits) must provide evidence of the nurses appropriate skills and experience to appropriately deliver the ward round in their implementation plans prior to CCG sign off.
- i) Any provider using a mainly nurse led model (once a month GP visits) will be subject to receiving a reduced nurse led ward round tariff rate of £265 per bed per annum (£365 GP tariff rate). Any monies saved will be reinvested within the service or for primary care to manage frail older people resident in their own homes.
- j) All providers must attend at least two meetings per year with the CCG to review the service delivery and outcomes.

	<p>It was confirmed that patient autonomy of choice regarding GP registration would not be impacted by the changes.</p> <p>There was consensus that the changes supported better delivering whole population coverage.</p> <p>UM from the CCGs BI Team presented summary audit data which may demonstrate a reduction in non-elective admissions in 17/18 compared to earlier years.</p> <p>The committee approved all of the proposed service specification changes other than the change in tariff (nurse led).</p>	
Item 7		
7.1	<p>Phlebotomy Update & Draft Service Specification</p> <p>SBS provided an update following decision by Governing Body decision on 5 December 2017 and agreement for a GP led approach via a disaggregated budget, pending further assurance being received from both federations in regards to delivery. Letter to be issued to both federations to request additional information and implementation plan for all member practices. Minor amendment to be made to service specification to finalise Implementation plans to be brought back to February's meeting for sign-off: ACTION</p>	SBS
Item 8		
8.1	<p>ADHD Shared Care Model</p> <p>Adjourned to next meeting due to time constraints.</p>	
Item 10		
10.1	<p>NHS England Update</p> <p>(a) Primary Care Support Services was for noting; therefore, it was not reviewed in meeting.</p> <p>(b) Finance Report was for noting; therefore, it was not reviewed in meeting.</p> <p>(c) Contract Notices (If any to report) to be picked up in the PCOG meeting.</p>	
	ANY OTHER BUSINESS	