

Primary Care Commissioning Committee

MINUTES

Minutes of the meeting held on Wednesday 27 April 2016

Leaffield House, 107-109 King Lane, LS17 5BP

Chair: Graham Prestwich

Minutes: Joanne France

Members	Initials	Role	Present	Apologies
Graham Prestwich	GPr	Lay Member – PPI	✓	
Peter Myers	PMY	Lay Member – Governance		✓
Nigel Gray	NG	Chief Officer	✓	
Lucy Jackson	LJ	Consultant in Public Health	✓	
Martin Wright	MW	Chief Financial Officer	✓	
Gina Davy	GD	Interim Director of Commissioning (Primary Care and New Models of Care)	✓	
Dr Mark Freeman	MF	Secondary Care Consultant		✓
Diane Hampshire	DH	Non-Executive Board Nurse	✓	
In Attendance	Initials	Role	Present	Apologies
Neil Coulter	NC	NHS England	✓	
Lesley Sterling-Baxter	LSB	Healthwatch Leeds	✓	
Councillor Neil Buckley	NB	Leeds City Council, Health and Wellbeing Board Member	✓	
Stephen Gregg	SG	Head of Governance and Corporate Services	✓	
Joanne France	JF	Office Manager / PA (Secretariat)	✓	
Vicky Annakin	VA	Business Development Manager	✓	
Stuart Barnes	SB	Communications and Engagement Lead	✓	

Item No.	Agenda Item	Action
001/2016 PCCC	Welcome and Apologies	
	<p>GPr welcomed everyone to the first meeting of the Primary Care Commissioning Committee (PCCC). Members and those in attendance introduced themselves. One member of the public was present. Attendance was recorded as above.</p> <p>NC advised that representation may vary from NHSE. GPr asked NC to feed back that consistency of NHSE attendance at the PCCC would be appreciated.</p>	
002/2016 PCCC	Declarations of Interest	
	<p>Declaration of Interest forms were circulated in advance of the meeting with paper copies available at the meeting. NC to provide his to SG at the end of the meeting.</p> <p>GPr asked if there were any additional declarations to be recorded in relation to items on today's agenda. There were none.</p>	NC / SG
003/2016 PCCC	Questions from members of the public – A Patient's Story	
	<p>GPr invited questions. There were none. He commented that he would have liked to have seen more public in attendance, acknowledging that this may increase as the primary care agenda develops. NB said that it was often difficult to attract people to attend meetings.</p> <p>Action: SB to maintain regular twitter and social media updates as a way of increasing the PCCC profile.</p>	SB
	<p>GPr asked members of the PCCC to share views during the meeting, be open and honest and make contributions succinct and valuable to the agenda.</p>	
	<p>A Patient's Story - GPr shared a patient's story – A professional man now almost 80 years of age, with a number of Long Term Conditions. Since 1906 his family has been patients of the same general practice. His concern as a patient is around timely and accurate diagnosis in primary care. GPr asked members of the Committee to keep this in mind as we progress through the agenda, linking each item to how we improve primary care services for our patients in the future.</p>	

Item No.	Agenda Item	Action
004/2016 PCCC	<p>Primary Care Commissioning Committee Terms of Reference</p> <p>The Committee considered the Terms of Reference approved by the CCG Board on 24th February.</p> <p>To ensure that the PCCC took proper account of medicines optimisation issues, it had subsequently been proposed that, as the lead Director, the CCG's Clinical Director be added to those in attendance. The PCC supported the principle of ensuring that the Committee was sighted on medicines optimisation issues, but, to ensure that conflicts of interest were managed effectively, queried whether it might be more appropriate for the Head of Medicines Optimisation to attend.</p> <p>SG advised that the existing terms of reference allow GPs be in attendance, although not to participate in decision making. NC confirmed that GPs were in attendance at other CCGs PCCC, with some also having GP membership.</p> <p>The Committee felt that it was important that there was consistency with the other Leeds CCGs.</p> <p>Action: GD will liaise with the other Leeds CCGs and provide a recommendation to the Board in advance of the next meeting of the PCCC.</p> <p>A minor change to the wording of Section 12 was proposed: The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to <i>improve</i> quality, efficiency, productivity and value for money.</p> <p>Any changes to the TOR would need to be approved by the CCG Board.</p>	GD
	Resolved: The PCCC noted the Terms of Reference.	
005/2016 PCCC	<p>Delegation Agreement</p> <p>NG presented the delegation agreement, stipulating the responsibilities of the CCG and those of NHSE. Leeds North had received from NHSE £26m to provide and support primary care based services. NG added that Leeds North must remain transparent in its commissioning decisions for primary care based on needs assessments. Changes, including closures and mergers must be in the best interests of the population of Leeds North.</p> <p>MW advised that the Delegation Agreement is a standard document provided to all CCGs taking on fully delegated responsibility.</p> <p>GPr emphasised the importance of focusing on the quality of care being delivered and the outcomes that are being achieved.</p> <p>NG added we need to identify what is most urgent and important in year one, prioritising what can be progressed, taking into account challenges in the city and our current financial constraints. We must also ensure we continue to aspire and be ambitious but always realistic in what we can achieve.</p>	
	Resolved: The PCCC noted the delegation agreement.	

006/2016 PCCC	Adoption of NHS England Policies	
	<p>GD reported that in January 2016, NHSE had produced a Policy Book for Primary Care Medical Services (NHSE Policy Book). The NHSE Policy Book provides a suite of policies and procedures to support commissioning and contract management of primary medical care services. The paper proposed that the CCG should adopt the NHSE Policy Book.</p> <p>It was anticipated that the policies, procedures and supporting documentation will be further developed and enhanced through the experience gained in the management of different commissioning and contractual issues. The three Leeds CCGs have committed to working together to share learning and create a localised approach across Leeds. VA is working as part of a Task and Finish Group with members of each of the three Leeds CCGs primary care teams to improve and enhance current standard documentation.</p> <p>DH felt that this was a very sensible and proactive approach to provide opportunities for learning across the city. GD will keep PCCC up to date of reviews and proposed policy changes. Any suggested changes will be reviewed through regular governance processes, with all policy revisions requiring final approval by PCCC.</p>	
	Resolved: The PCCC approved the adoption of the NHS England Policy Book for Primary Medical Services	
007/2016 PCCC	Primary Care in Leeds North – An Overview	
	<p>GD shared a presentation giving context to her overview report on primary medical care services. She referred to good engagement with the Council of Members and the opportunities to look at the totality of investment across Leeds. The 'Commissioning Futures' approach would mean moving towards an accountable care organisation approach to manage risks and outcomes for the Leeds North population.</p> <p>GD is working with colleagues across the city to develop a wider primary care estates strategy, use technology to improve access to primary care, develop the workforce, focus on the quality of primary medical care services and deliver better care for patients. The aim was to share best practice, reduce duplication and make best use of the 'Leeds pound.'</p> <p>LJ welcomed the opportunity to aligning preventative work and focus on areas of highest need. The communities of Harehills and Seacroft need to be serviced better.</p> <p>DH welcomed the 'whole population approach'. She highlighted the benefits of joining up primary care commissioning across the city and the need to focus on the most vulnerable.</p> <p>GD highlighted that the three Leeds CCGs have a joint operational group with a strong commitment to work collaboratively as a city, irrespective of governance arrangements.</p>	

	<p>LSB highlighted the importance of working with patients and the public to co-produce service improvements. She felt that patient and public engagement was a high level risk. NG said that the current funding allocation algorithm doesn't favour Leeds North, and that other areas of the city received higher funding for primary care.</p> <p>GPr emphasised the importance of focusing on all elements of quality that is clinical effectiveness and safety and the patient experience to fully understand the care we commission.</p> <p>Action –</p> <p>Report back on the CCG's arrangements for managing risks around patient involvement</p> <p>Ensure clear focus in future papers on:</p> <ul style="list-style-type: none"> • the key risks facing the CCG • 'how good is the care' that we commission 	<p>SG</p> <p>GD</p>
	<p>Resolved: The PCCC noted the current issues and risks relating to General Practices within the CCG and the work that will be progressed in 2016/17.</p>	
<p>008/2016 PCCC</p>	<p>Primary Care Transformation Fund</p>	
	<p>GD report outlined the process to encourage the development of local premises and technology bids. The primary care transformation fund is a four year £1b non-recurrent investment programme to help general practice make improvements in premises and technology.</p> <p>The fund is administered and owned by NHSE, with the CCG responsible for making bids to NHSE under the delegation agreement. Before submitting any bid the CCG would ensure each one meets local and national criteria and contributes to our commissioning futures plans.</p> <p>The guidance and proforma had yet to be published by NHSE, Leeds North had therefore developed its own with a caveat that the final criteria may differ. The CCG had established a Panel to evaluate the bids. The deadline for the submission of bids has been extended to the end of June 2016. It was now proposed that further information would be sought from each practice to support prioritisation prior to making submissions to NHSE. The recommendation of the panel will be brought to the next meeting of the PCCC for approval. GD confirmed that the CCG had made member practices aware of the process through direct communications and through discussions at the Council of Members meeting.</p> <p>LJ emphasised the importance of taking health inequalities into account. DH said that we need to encourage practices in the most deprived areas to submit bids. VA said that NHSE has confirmed that there may be opportunities for practices in most need to receive 100% funding from NHSE. Locality facilitators will work with practices to support bid applications.</p> <p>Potential conflicts of interest had been managed through the establishment of a panel to assess the bids, comprising of CCG</p>	

	primary care staff, with clinical input from the CCG's Clinical Chair. There were no conflicts of interest declared.	
	Resolved: The PCCC approved the process for assessing Transformation Fund bids.	
009/2016 PCCC	Quality, performance and risk management of primary medical care services	
	<p>GD advised that the CCG now has additional responsibilities to assess and improve the quality of general practice services. To reflect the additional commissioning responsibilities, Leeds North has reviewed and changed key internal processes relating to the quality, risk and performance management of primary medical care services. In quarter three of 2016/17, Internal Audit would review these processes.</p> <p>PCCC members were concerned that the overarching NHSE Quality Assurance framework was not clear around the quality of patient care and that there were missing elements, for example, medicines. There is more work to be done to progress this. PCCC were advised that the CCG's adherence to the Quality Assurance Framework is a requirement outlined within the MOU agreed with the Yorkshire and Humber Area Team.</p> <p>GPr said that we need to have a solid process in place to assure Quality and Safety Committee that appropriate measures are in place to know the quality of care being provided.</p> <p>Action: GD to develop a more detailed work plan covering the broader dependencies.</p>	GD
	Resolved: The PCCC confirmed that the proposed internal processes provide an adequate level of reassurance in relation to the CCG's ability to manage quality and performance issues and risks relating to primary medical care services.	

010/2016 PCCC	Finance Update and 2016/17 Budget	
	<p>MW outlined the primary care allocations and budgets delegated to the CCG under co-commissioning arrangements from 1 April 2016.</p> <p>To gain internal knowledge around the commissioning budgets from NHSE, one member of the CCG's finance team has been working with NHSE. MW advised PCCC should be cautious of headlines with regard to increased national funding for primary care, as it's unclear how much of this is new or existing funding.</p> <p>Under current rules the CCG is required to set aside 1% of its allocation in 2016/17 including primary care. This must remain uncommitted and will only be released if NHSE authorise its use, subject to delivery of the Sustainability and Transformation Plan expected outcomes across West Yorkshire. If these conditions are not met, the resource cannot be spent in-year and will be carried forward for use in future years. The 1% equates to £0.26m for primary care, reducing the budget available from £26.04m to £25.78m.</p> <p>MW highlighted that if the 1% uncommitted reserve remains unavailable for use, efficiency savings of £192k will be required to remain within budget. NG said that we need to be careful with our expenditure plans, given this shortfall.</p>	
	Resolved: The PCCC noted the primary care allocations and associated budgets for 2016/17.	
011/2016 PCCC	Committee Work Plan 2016/17	
	GPr asked PCCC members to advise SG of any additional items to enable the planning of future agendas.	
	<p>LJ highlighted the need to link the plan to wider commissioning for place and population.</p> <p>Action GD to work with SG to develop a broader work plan.</p>	GD / SG
	Resolved: The PCCC noted the draft forward work plan.	
012/2016 PCCC	Any Other Business	
	<p>Training Session – An Overview of PC contracting and commissioning was proposed for PCCC members</p> <p>Action VA to email PCCC members re availability.</p>	VA
013/2016 PCCC	Review of the Meeting	
	A good starting point to an evolving agenda. Good patient story linking and focussing agenda discussions. GPr thanked GD for her support to him as Chair. Good contributions by all present. The overview of primary care in Leeds North provided a very useful foundation to build on.	

Date of next meeting: 22 June 2016, 1:00pm