Primary Care Delegated Commissioning Committee

Minutes of meeting held on 19th December 2018
10.00am – 12.30pm Westwick Room, 1st Floor, City Hall, Norwich NR2 1NH

	Present	Action
	Dr Neil Ashford (NA), Secondary Care Doctor, NCCG (Chair) Rob Bennett (RB), Lay Member, NCCG Joanna Hannam (JH), Lay Member, NCCG John Ingham (JI), Chief Finance Officer, NCCG Karen Watts (KW), Director of Quality and Governing Body Nurse, NCCG Carl Gosling (CG), Primary Care Programme Manager, NCCG Jo Smithson (JS), Chief Officer, NCCG Parveen Mercer (PM), Associate Director of Primary Care – STP **In Attendance:** Jane Bacon (JB), NCCG (minutes) Fiona Theadom, (FT) Contract Manager, NHSE Mel Benfell (MB), Norfolk & Waveney Local Medical Committee (LMC) Tracy Parkes (TP), GPFV Programme Manager Chris Dent (CD), Governing Body Member and Chair of CRG (item 16 only) Rachel Hunt (RH), *One*Norwich Transformation Programme Manager (item 16 only) Alex Stewart (AS), Healthwatch Norfolk **Members of the public** Gary Mahn, Practice Manager, Magdalen Medical Practice	
1.	**Welcome and Apologies**	
	Apologies were received from: Paul Fisher, Steven Kent, Judith Bell, and Cllr Packer.	
2.	**Declarations of Interest**	
	None declared.	
3.	**Items Exempt Under Freedom of Information Action**	
	No items were identified as being exempt	
4.	**Minutes & Action Log from 25th October 2018**	
	The minutes of the Primary Care Delegated Commissioning Committee meeting held on the 25th October 2018 were signed and agreed as accurate and the action log was updated. PM noted that the development of the Memorandum of Understanding for NHS England primary care support services is a priority for completing in 2019.	
5.	**Chair's Actions**	
	No chair's actions to report.	
6.	**Questions from the Public**	
	JI gave a response to the following questions raised by the public. **Questions from the public (received from Ian Wilson 11th December 2018)**	

1. Risk Register

Question: Given the Secretary of State for Health and Social Care's letter of the 7th December, why is the 'no-Brexit deal' scenario not part of Norwich CCG's Risk Register at this current time?

Answer: this risk is shown on the Governing Body Assurance Framework (risk reference 2.7) which is publically available on the CCG's website within the November Governing Body papers.

A subsidiary question is: What part is Norwich playing in collaboration of planning across Norfolk & Waveney STP footprint for 'no-deal Brexit' scenario?

Answer: Norwich CCG is reviewing its Business Continuity Plan and is also involved in seeking assurances from provider organisations about their preparedness for a "no-deal Brexit" scenario.

2. System-wide commissioning pilots

Question: Why is a whole system-benefiting pilot scheme for Severe and Multiple Disadvantage complex needs patients being funded by ex-PMS funds, given the various legal rulings/counsel confirming the need for the ex-PMS funds to be ring-fenced exclusively for general practice benefit?

Answer: no decision has been made on funding this scheme to date – it is an item for decision in public at the Primary Care Commissioning meeting on 19th December. The cover sheet for this agenda item notes the locally agreed criteria for the use of PMS funds, which are focused on the continuity and stability of general practice and on supporting direct patient care that respond to the health and care needs of local people. The business case appears to have been developed bearing in mind the impact of these patients on General Practice and it meets an identified unmet need. This project recognises there is a specific population whose needs can be locally targeted.

A subsidiary question is: given the latest plans for Mental Health enhancements in the light of the recently published STP-wide review, what plans do the CCG/STP have to fund these Severe and Multiple Disadvantage complex needs enhancements from non-PMS funds, which would then leave those ex-PMS funds for the exclusive use of general practice?

Answer: this has not been considered by the CCG but if the Primary Care Committee decides not to approve the use of PMS funds then the business case could be taken back to the CCG's Executive Committee for discussion on funding. It would also need to be seen in the context of wider STP-level work to develop and implement a Mental Health Strategy.

3. Practice infra-structure spend

Question: Why are ex-PMS funds being looked to be used for practice infra-structure upgrade projects, which have to date been funded by those individual practice Partners, who have decided such upgrades are worthwhile on a commercial benefit basis?

Answer: no ex-PMS funds have been used for practice infrastructure upgrades, and the CCG is not aware of any such plans. All PMS proposals presented to the CCG will need to meet the pre-agreed criteria in order to be supported for investment from, PMS funds.

	A subsidiary question is: How can the CCG assure the public that any approval will be on a minimum spend basis, and is actually of demonstrable benefit to be rolled out to all PC.s within the 22 practices of Norwich? Answer: the criteria against which the CCG assesses all PMS proposals were approved by the Council of Members in September 2015. These are stated in the Committee papers in respect of PMS business cases so that the Committee can assure itself in public that the criteria are fulfilled when approving the use of PMS funds.	
7.	**Primary Care Risk Register**	
	CG presented the Risk Register and reported the following: There are currently 8 risks listed on the risk register; each risk has been reviewed by the respective risk lead and all risk ratings remain the same as the previous October report. Following the last meeting a further risk is to be added and will be included on the register for the next meeting. The risk register was reviewed and noted.	
8.	**Primary Care Commissioning Report**	
	CG presented the report and highlighted the following: Practice Merger - The formal backroom merger between Norwich Practices Limited (NPL) and West Pottergate Medical Practice has been put back to the 1st January 2019 due to delays in completing the due diligence process and negotiating on the premises lease and its transfer to NPL. Locally Commissioned Services - The Norfolk & Waveney CCGs are working together and have engaged Attain to support with the development of a joint approach for the Locally Commissioned Primary Care Services (outside of GMS) across the CCGs to ensure consistency of commissioning and provision Norfolk and Waveney wide. A Norfolk & Waveney CCG Locally Commissioned Service engagement event was held on the 29th November 2018 where prospective providers were invited and updated as to why a procurement process has been initiated, as well being given timescales and an update in regards i) the procurement process and ii) the production of a draft service specification, including services to be included. RB asked if the event for the providers was well attended. CG confirmed that there was a good turnout from primary care and a lot of interest had also been received from providers who were unable to attend and asking for the handouts from the event. The report was noted**.**	
9	**GPFV Report**	
	TP presented the paper and highlighted the following: Improved Access was progressing well, due to the hard work and commitment of colleagues in OneNorwich and NPL. GP on line consultation project – A lot of engagement has taken place with all CCGs, practice managers, clinicians and GPs. Following their input a specification has been put together on behalf of the 5 Norfolk & Waveney CCGs and will go to the project board to be agreed. If the spec is approved a Chair's Action will be required giving approval for the procurement process to begin.	

	The committee discussed the proposal and gave approval for a Chair's Action to be taken. JS raised a question on GP international recruitment and how were the GPs allocated within the system as the 3 GPs recruited had gone to South Norfolk CCG. TP confirmed that the GPs were allocated to areas with the greatest need, due to retirement etc. Work is taking place within the system on future recruitment of GPs and how we can work differently to deliver the new models. RB noted the report on improved access which is currently at 78%. A discussion took place on improved access and PM reported that as part of a wider initiative they have been asked to look at the impact as part of the wider system and link up with the 111 and GP Out of Hours services re the outcomes of improved access. The report was discussed and noted.	
10.	**Quality Report**	
	KW presented the Quality report and highlighted the following: Medibites – a session took place last night regarding managing childhood winter illness and was well attended by the GPs. Flu Vaccine – doing very well and progress has been made rolling out to patients. Domestic homicide review – some good learning has been received to strengthen areas of existing practice around awareness training and supporting frontline staff to respond to areas of concern. Children's safeguarding – Section 11 self-assessment – The designated children's safeguarding team have offered to support practices in completing section 11 assessment tool. The report was discussed and noted.	
11.	**Finance Report**	
	JIng presented the Finance report and highlighted the following: The month end position at November 2018 (month 8) reported an underspend position of £0.3m against a budget to date of £20.0m. However the forecast outturn position on delegated budgets is a shortfall of £0.5m. JI indicated that the PMS review funding set aside for transformational investments was expected to underspend in 2018/19 by around £0.6m, despite best efforts by OneNorwich to progress new initiatives. It was noted however that CCGs are not permitted to carry forward funding from one year to the next. The Committee therefore agreed that it was appropriate for the CCG's financial plan for 2019/20 to include the availability of this £0.6m slippage. The report was discussed and noted.	
12.	**Premises Update**	
	CG reported the following: Following the agreement of the full business case by NHS E, building works have started on the new Castle Partnership – Gurney Surgery situated at Fishergate, Norwich with completion of the building due by July 2019. The Norwich Primary Care Estates Strategy has been drafted. This will now be circulated for comment to members of the YourNorwich Estates Group prior to	

	being submitted for approval at a future meeting of the Primary Care Delegated Commissioning Committee. RB asked when the void space review will be completed. JIng responded that this was ongoing and will be reported to the February meeting.	
13.	**GP Digital Update**	
	The GP Digital update was received and noted.	
14.	**Internal Audit Requirements and General Practice Dashboard**	
	CG reported that following NHSE guidance CCGs are required to commission an internal audit review of elements of delegated primary care commissioning; for 2018/19 this was to cover elements of contract monitoring. In response to a previous internal audit recommendation, a Norwich CCG General Practice dashboard has been produced to inform the Delegated Primary Care Commissioning Committee of key markers relating to the oversight and management of GP contracts. This dashboard is being produced in a consistent manner across all three central Norfolk CCGs. PM noted that it would be helpful to develop the narrative reporting that goes with the dashboard for future committee meetings. The committee discussed and noted the audit requirement and the establishment of the dashboard.	
15.	**LCS In/Out of Scope Services**	
	CG reported: As part of the Locally Commissioned Service (LCS) review, commissioners have, based on existing LCS service provision and a list of potential services provided by the Norfolk & Waveney Locally Medical Committee (LMC), developed a list of services for potential incorporation into the new LCS service specification that will be consistent across Norfolk & Waveney. A Norfolk and Waveney wide clinical workshop was arranged to discuss and make recommendation as to the appropriate Locally Commissioned in-scope services, for inclusion within the LCS draft service specification. The workshop had representation from the LMC, clinicians and managers from all 5 Norfolk & Waveney CCGs, including primary care contractual representation. The committee was asked to approve the services listed for inclusion in the LCS. A question was raised on whether it needed to go to CRG for approval. Following discussion it was felt that a clinical consensus had been reached on all decisions and therefore didn't need any further clinical input. The Committee approved the list of services for inclusion in the LCS service specification.	
16.	**PMS Business Cases**	
	There were two proposals presented to the Primary Care Commissioning Committee for agreement for investment from PMS monies: 1. Engaging and Supporting Patients with Severe and Multiple Disadvantage (a 15 month pilot at a cost of £131k); and	

2. To increase the use of pulse oximetry in primary care for young children to reduce acute admissions for Bronchiolitis and Asthma (a one-off cost of equipment of £18k).

MB stated that we need to be clear in the overlap between the first PMS proposal and the developing LCS for patients with severe mental illness. There was also potential overlap with the Drug and Alcohol LCS commissioned by Public Health.

16.1 Engaging and Supporting Patients with Severe and Multiple Disadvantage within Primary Care

CD reported the following:

*One*Norwich is proposing to deliver a 15-month pilot for patients who fall within the domain of severe and multiple disadvantages within primary care. The pilot will initially be for patients registered at Oak Street Medical Practice, Gurney Surgery and Prospect Medical Practice and will deliver proactive and preventative care in order to optimise health and wellbeing outcomes for those individuals and more specifically to reduce mortality in men aged 40 – 60 years. This is a grass roots initiative which has been identified by the GPs in looking after disadvantaged patients. Two other practices have expressed an interest in being part of the pilot, Lakenham Surgery and Wensum Valley Medical Practice and they account for a further 12% of Norwich CCG's Sever Mental Illness register.

The total cost of the revised 15-month pilot is £131,172 and has been supported as a bid against PMS monies by the *One*Norwich Leadership Board following an on-line vote which was reported to the Board on 5th December. The vote met the 50% pass rate for approval, however 5 of the practices didn't participate in the vote.

An independent evaluation will be completed by the UEA and this will be embedded throughout the first 12 months of the pilot. There will also be an interim report after 9 months of the pilot. This will begin to inform the outcomes of the pilot and any decisions around continuation and expansion of the service, including future staffing requirements

NA raised concern about the benefits to the wider population of Norwich as the pilot was just focused in a few practices. CD commented that this was a pilot and the learning would then be shared widely across all practices, and that this was no different to other PMS schemes which had greater benefits for some practices than others.

NA queried the poor turn-out from practices in the voting and whether this reflected stigma over discrimination amongst our providers about this vulnerable population and whether there was room for another vote to increase the percentage.

CD responded that an email was circulated to all practices and a presentation was also given to the practices on the proposals. *One*Norwich did not know why all practices had not participated in the vote.

A discussion took place on the proposals and concern was raised over the level of support from the practices that hadn't taken part in the vote.

JS queried whether the vote met the *One*Norwich constitutional requirements. RH confirmed that the OneNorwich constitution required decisions to be reached by a majority of voting practices (not a majority of all practices), so this had been satisfied by the voting process for this proposal.

It was queried whether the proposal meets the criteria for PMS funding and it was agreed that it does meet the criteria, as outlined in the covering paper.

	JI noted that the potential savings portrayed in the business case were based on an extremely small sample and so could not be relied on in the decision-making process. However any savings in use of other services would logically be addressed within the pilot evaluation. FT highlighted that the pilot will need to address how the service can benefit practices in general across Norwich, and also flagged potential overlap with the services provided by City Reach which is due for re-procurement from April 2020. CD noted that overlaps exist in all sorts of clinical settings but that he and his colleagues already work closely with City Reach and the proposed new service would actually help patients move on from City Reach to routine primary care. Following discussion the committee felt that all the questions raised were fully answered and addressed and unanimously supported the proposal. RB noted that it was positive that the pilot would be evaluated by the UEA, but it is important to ensure that the evaluation criteria are clearly defined at the outset of the project and this would give information systems that captures the impact of the pilot. **16.2 Pulse Oximetry** RH reported the following: NNUH Paediatric Consultant has proposed that pulse oximetry for young children is introduced within Primary Care to ensure accurate readings and care particularly for children under 2 years old. This should specifically reduce inappropriate referrals to hospital for Bronchiolitis and Asthma. If the case is approved, Norwich practices will be provided with new oximeter equipment at the December GP Medibites training session led by Paediatric Consultant from NNUH. The Medibites session is aimed at normalising common childhood health conditions. This project will commence in December 2018 with an initial review by June 2019 to understand the benefits and impact of the projects. Following discussion the committee approved the proposal.	
17.	**NHSE Updates**	
	No update received.	
	Date of Next Meeting – 28th February 2019, 10am – 12 noon	

Minutes of the meeting agreed as an accurate record and signed by the Chair

Signed: **Date:**