

PGB-15-76
Primary Care Co-Commissioning Joint
Committee Minutes

28.04.15



PRIMARY CARE CO-COMMISSIONING JOINT COMMITTEE

Tuesday 28 April 2015, 5.00pm

Boardroom, Francis Crick House

Present: Paul Bevan (PBe) Lay Member Governance, Nene CCG (Chair)
Mike Alexander (MA) Chief Finance Officer, Corby CCG
Carole Dehghani (CD) Chief Executive & Accountable Officer,
Corby CCG

Dr Sanjay Gadhia (SG) GP Member, Corby CCG
Tansi Harper (TH) Interim Chair, Corby CCG
Andrew Hammond (AHa) Lay Member Governance, Corby CCG
Jim Heyes (JH) Locality Director (North), NHSE
Stuart Rees (SR) Interim Accountable Officer, Nene CCG
Dr Darin Seiger (DS) GP Chair, Nene CCG (from 5.30pm)

In Attendance: Karen Adcock (KA) Health Education England
Dr Matthew Davies (MD) Clinical Executive Director for Strategy,
Nene CCG

Sharon Firmin (SF) LMC Manager
Julie Lemmy (JL) Senior Non-Acute Contracts Manager Primary Care &
Community, Nene & Corby CCG
Helen Potton (HP) Interim Head of Corporate Services
Marianne Phillips (MP) Corporate Secretary, Nene CCG
Dr Miten Ruparelia (MR) Clinical Vice-Chair, Corby CCG

1. Introduction and Apologies

Apologies were received from James Murray CFO, Nene CCG and Janet Soo-Chung Interim Deputy CEO & Director of Strategy & Primary Care, Nene CCG. DS was held up at another meeting and would join as soon as possible.

2. Declarations of Interest

MR, SG and MD declared their routine conflict of interest in their role as GPs. It was noted that DS, MR, and SG had a conflict of interest in relation to Item 8 Outcome of Bids to NHSE. It was agreed however that since this was an update only it would not be necessary for them to leave the meeting.

SG declared an interest in relation to Item 9 NHSE/Lakeside Meeting, Lakeside being his Practice. It was agreed that SG should leave the meeting for this item.

3. Minutes of the Previous Meeting

PCCJC-15-05

The Minutes of the meeting held on 10th March 2015 were agreed as an accurate record.

TH requested a briefing for Lay Members in relation to current GP contracts and the construct of Federations. JL will look into this.

ACTION: JL

Governance & Terms of Reference

4. Final Terms of Reference

PCCJC-15-06

The Committee noted the final Terms of Reference which had been submitted to NHSE. The sophistication with which Conflicts of Interest are handled was discussed and HP confirmed that the current policy was being refreshed and a more thorough and pro-active approach would be adopted.

- **Quality Membership**

The Committee discussed the proposal to include a Quality Member on the Committee in light of the long term aim to move to fully delegated status. It was agreed that the role should be clearly defined and SR will ask Peter Boylan to link in with NHSE to discuss how the role might best work and present back to the Committee at the next meeting.

ACTION: SR

Quality visits to Practices were discussed and JL will discuss with Peter Boylan how other CCGs undertaking joint commissioning are handling them.

ACTION: JL

- **PMS Sub Group**

JH would update later in the meeting in relation to NHSE attendance at this group but it was agreed that there was a need for this group to exist.

- **Workforce Sub Group**

PCCJC-15-07

The remit of this group was discussed with agreement that it should cover the identification of gaps in the workforce and report back to the Committee who would then consider actions to be taken. Whilst it was agreed that the future of the workforce needs to be planned for, it was imperative to ensure actions are taken now to address the current issues.

The Terms of Reference will be further amended to show job titles rather than names; to show the remit as agreed above; and to clearly set out accountability. SG and KA will amend and bring back to the next meeting.

ACTION: SG/KA

- **Locality Sub Groups**

PCCJC-15-11

The draft Terms of Reference were circulated the day before the meeting and it was agreed that comments should be provided to PBe and JL outside of the meeting.

ACTION: ALL

Reports & Updates

5. Updates from NHS England

JH updated the Committee on the resource from NHSE which will be provided to the CCGs, noting that it would amount to two WTE per CCG. Due to the wide spectrum of specialities of each of the people identified to support the CCGs, NHSE is currently aligning people and it

has been noted that there is a potential gap for Northamptonshire but JH confirmed that it would be resolved ASAP and in time for the next meeting of the Committee.

The process for the PMS review has been agreed and provides options for Practices. In JH's experience few Practices will opt to remain PMS Practices since this means a full review. The option to move from PMS to GMS contracts will be undertaken over a period of six years and any money released as a result of this process will be fed back into the CCG footprint. It was agreed that the Committee should have oversight into how this money is utilised. The process commences on 1st May 2015 and Practices have 60 days in which to make their decision.

6. Primary Care Workplan

PCCJC-15-08

JL explained that the workplan had been further developed to include a breakdown of key functions, organisational responsibility and lead names.

The Committee discussed the workplan agreeing that it was an encouraging start but that the key to delivery would be the inclusion of the Primary Care Strategy which would then be broken down into key milestones which the Committee can manage. The Terms of Reference previously discussed also needs to be linked to the Strategy to ensure they cover the work required.

SR left the meeting at 6.00pm.

It was agreed that the level of detail sitting behind the workplan (including financial and resourcing detail) needs to be included and that a measure of success should be included. The risk log was discussed and HP and JL will review further outside of the meeting.

ACTION: JL/HP

JL will incorporate all comments and bring the workplan back to the next meeting, noting that the deadline for Locally Commissioned Services is fast approaching and therefore more detail is needed in relation to this as a matter of urgency.

ACTION: JL

Items for Information

7. Workforce Issues

The issue of most concern is the shortfall in Primary Care and a number of programmes suggested by the Deanery are being considered such as Post Fellowship Placements; Refresher Schemes for retired GPs returning; and Physician Associates.

The Committee discussed the potential options and SG will circulate a paper from the Royal College of Pharmacists which discusses the different ways Pharmacists can be utilised in general practice.

ACTION: SG

It was agreed that this should be a standing item going forward.

KA left the meeting at 6.20pm.

8. Transforming Primary Care Estate - Outcome of Bids to NHS England

It was confirmed that two Practices from Corby CCG and five from Nene CCG had applications supported and were awaiting the outcome from NHSE. The funding is for prospective schemes only and would not include retrospective payments for work already undertaken.

JH confirmed that Practices should receive letters shortly and these would either confirm approval; approval in principle with further work needed; or not approved. There is clarity needed in relation to the funding of bids with the regional teams wishing to fund 100% of the bids rather than Practices funding a proportion and the national cost direction not allowing for this. There is some uncertainty in light of the coming General Election in regard to the fund for the remaining three years of the scheme.

The Committee discussed the process and concern was noted in relation to the allocation of public funds to projects which would not have had full due diligence undertaken due to the volume of bids and the available resource at NHSE.

SG left the meeting due to his conflict of interest as a Partner at Lakeside Practice which would be discussed in the next item.

9. NHSE/Lakeside Meeting

JL updated the Committee on the meeting held on Monday which discussed the merger of four practices. It was made clear that the practices would not be merging in terms of their contract and that they would retain their existing contracts to provide services. The merger would be from a management perspective only.

SF confirmed that the LMC have fully supported the proposal and that it had been done successfully on several occasions elsewhere. It was agreed that it would be important to support involved colleagues and to ensure that patient care is not affected adversely.

SG re-joined the meeting.

10. Action Log

PCCJC-15-09

Due to time constraints it was agreed that the Action Log would be updated by PBe outside of the meeting.

Any Other Business

11. GP IG Toolkits

Due to time constraints it was agreed to defer this item until the next meeting.

12. 2015 Meeting Dates

The Committee noted the dates circulated.

There being no further business the meeting closed at 6.40pm.