ENCLOSURE 1

**Minutes of the Primary Care Co-Commissioning Committee**
***on 7 June 2018 10:00 – 12.20***

***Boardroom, Kingston House***

# Public Minutes

***Present***

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| (RS) Ranjit Sondhi | Lay Member (Chair) |
| (LM) Lisa Maxfield | Deputy Chief Officer – Strategic Commissioning & Redesign (Primary and Community Transformation) |
| (CE) Carla Evans | Head of Primary Care |
| (JMc) Jane McGrandles | Head of Primary Care Contract |
| (CMP) Carlos Marques Pestana | Primary Care Contracts Manager |
| (AB) Alison Braham | Primary Care Quality Lead |
| (Abi) Addi Binns | Quality Improvement Lead |
| (JSS) Jayne Salter-Scott | Head of Engagement |
| (MW) Matt West | Financial Controller |
| (MB) Manoj Behal | CCG IT Lead |
| (SM) Dr Sam Mukherjee | GP and GP Clinical Sponsor for New Care Models |
| (RSu) Dr Ray Sullivan | GP and Sandwell Local Medical Committee |
| (AC) Andy Cave | Healthwatch Birmingham |
| (BD) Bal Dhami | Contracts Manager (Primary Care), NHSE |
| (RN) Richard Nugent | Lay Member |
| (JR) Janette Rawlinson* | Lay Member (Vice Chair) |
| (JJ) Julie Jasper | Lay Member |

**In attendance:**

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| (HH) Hayley Haworth | Corporate PA |
| (LPD) Linette Pandya D'Silva* | Senior Social Marketing Manager, CSU |
| (ES) Emily Smith | Public Health Registrar |
| (KM) Kat Meredith* | Commissioning Engagement Manager |

**Apologies:**

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| (AW) Andy Williams | Accountable Officer |
| (AL) Andrew Lawley | Head of Premises and Capital Development |
| (BA) Dr Basil Andreou | GP, Clinical Sponsor for Mental Health, Dementia and Learning Disabilities and Clinical Lead for Children and Maternity |
| (JM) Jaspreet Mander | Primary Care Contracts Manager |
| (MS) Martin Stevens | Head of Business and Contract Performance |
| (SR) Saba Rai) | Senior Commissioning Manager, Inclusion |
| (BM) Dr Robert Morley | Executive Secretary, Birmingham Local Medical Committee |

ENCLOSURE 1

**Absent:**

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| (MG) Mark Guest | Chief Executive, Healthwatch Sandwell |
| (AH) Andrew Harkness | Deputy Chief Officer Public Health |
| (SL) Sharon Liggins | Chief Officer – Strategic Commissioning & Redesign |
| (TM) Therese McMahon | Board Nurse |
| (MC) Michelle Carolan | Deputy Chief Officer Quality |
| (CP) Claire Parker | Chief Officer Quality |
| (OA) Olivia Amartey | Deputy Chief Officer - Strategic Commissioning & Redesign (Operations) |

*part meeting

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| **1.** | **Apologies for absence**<br><br>Apologies were noted as above.<br><br>The meeting was quorate throughout. |
| **2.** | **Declarations of Interest:**<br><br>Members noted that prior to the meeting taking place; a review of the Conflicts of Interest checklist in compliance with the Conflicts of Interest guidance took place.<br><br>It was noted that all GPs (SM, RSu) may experience general conflicts during the following items; GPFV, APMS, Review of the PCCF. No mitigation was required for any of the items.<br><br>JJ declared a conflict of interest as a member of Dudley CCG. No mitigation was required as this did not conflict with any discussions on today's agenda.<br><br>RS declared a conflict for any matters relating to BSOL CCG. No mitigation was required as this did not conflict with any discussions on today's agenda. |
| **3.** | **Minutes of the previous meeting**<br><br>The minutes of the previous meeting held on 3rd May 2018 were approved as a true and accurate record of the meeting.<br><br>*10.10 – KM arrived.* |

ENCLOSURE 1

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| **4.** | **Action Register/ Matters Arising:**<br><br>The two open actions were discussed and agreed for closure.<br><br>JSS has spoken with Alan Kenny who was unavailable to attend the June Governing Body meeting. JSS has alerted the Governing Body secretary of Alan's intention to attend the August meeting. It is therefore likely that there will be an imminent MMH update for Governing Body which will be cascading down to this committee.<br><br>JSS confirmed that she had spoken to the SWBHT Director of Communications regarding the opening of MMH as reported in the local news. An update had been circulated to officers within the CCG; however this was not shared with primary care members. JSS will send to HH to circulate. |
| **5.** | **Risk and Issue Register Report**<br><br>A review of the risk and issue register took place with 2 changes to report this month.<br><br>*PC12 – Risk rating reduced down to 4.*<br><br>This risk relates to the relationship between partner agencies (wellbeing of asylum seekers). An update has been added to the register to confirm that this has significantly improved and there are now good relationships between agencies. Additionally there is now funding for the service from NHSE.<br><br>*PC08 – Requested for closure.*<br><br>This risk relates to reimbursement for the Stone Road scheme. As the CCG has now received funding for this service, it would be appropriate to close the risk. This recommendation will be taken to the next Audit and Governance Committee. |
| **6.** | **Engagement Updates**<br><br>**<u>Celebration - 70 Years of the NHS</u>**<br><br>There will be a vintage tea party held on 5th July with SWBCCG staff members serving afternoon tea to 180 attendees including both the Mayor and Deputy Mayor of Sandwell, members of PPGs, patient networks and Governing Body members.<br><br>To achieve the theme 'past, present, and future' SWBCCG will be joining forces |

ENCLOSURE 1

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| | with SWBHT with displays demonstrating the NHS 'through the decades'. Additionally Dr Marok's father / daughter partnership have been invited to come along to talk about general practice in terms of the present and the future.<br><br>**<u>General Practice Awards</u>**<br><br>Over 200 people will be attending this awards ceremony. Everything is now in place for the evening and the panel have already considered nominations and agreed the winners. Helen Stokes-Lampard (Chair of the RCGPs) will be presenting the GP of the year award, and the Chief Nurse from NHSE will be attending a practice nurse award. The event will be filmed and there will be a special edition of member's news following the event.<br><br>LM highlighted that there were a number of poorly written nominations which could not be considered. LM asked whether there is anything that the CCG could do to support general practice with the writing of awards in the future. JSS responded that next year consideration will be given to putting a package of support in place which could include providing support to general practice to write well-structured nominations. |
| **7.** | **Primary Care - IT / Digital Transformation Update**<br><br>Although not on the agenda, the Chair requested that this item be added. It was noted that this will be a standing agenda item going forward, with a regular report delivered by MB.<br><br>*10.21 – JR arrived.*<br><br>MB provided an overview of items that will be included in his IT update report.<br><br>- Online consultations<br>- Digital optimisation in general practice<br>- Telephony and Wi-Fi |
| **8.** | **GPFV Update**<br><br>LM reported that the GPFV Monitoring Group met on 17th May and there are currently 34 active projects under the programme.<br><br>LM advised that since the accompanying paper was written the CCG have agreed to fund a new GPFV post (Transformation Manager) which will be going out to advert |

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| | next week. This will be a 2 year fixed term / secondment opportunity and the funding for this post will come from management costs.<br><br>The GPFV has £1.7m of transformation money attached to it. LM highlighted that hardly any of this has been spent to date. The reason for this is because the CCG is working with emerging primary care networks to ascertain what they need. A plan will be in place by the end of August in order to commission what is needed.<br><br>Committee were advised that the GPFV Monitoring group have opened a new spreadsheet for the new financial year.<br><br>LM asked Committee whether they could consider supporting a package of training support for clinical pharmacists working in general practice. This would include training, backfill and mentorship. There would initially be 5 places (the CCG will ensure that there is an equal distribution across the patch) and funding would come out of the £1.7m transformation money.<br><br>There were concerns about sharing the transformation money in an equitable way across practices and LM replied that funding will be going through primary care networks rather than individual practices. Funding will be based on needs and therefore will not be split equally across the 10 primary care networks. It was noted that networks will not need to bid / submit business cases, and instead network leads are being asked what they need in order to develop sustainability.<br><br>**Decision: Committee agreed the recommendation to support a package of training support for clinical pharmacists working in general practice.** |
| **9.** | **PCCF Evaluation 2017/18**<br><br>ES has conducted an evaluation of the 2017/18 PCCF. A presentation was delivered outlining the main findings.<br><br>Three areas were highlighted which demonstrate success / an improvement against the previous year.<br><br>**Primary care service provision** – *'Each GP practice should deliver 90 clinical consultations per 1,000 patients per week'*. ES presented a graph which demonstrated that across the CCG there was an average of 110 consultations per 1,000 patients per week which exceeded the target and is a significant improvement on last year. It was suggested that this statistic could be a powerful message to show improvement and JSS confirmed that it will be included in the next AGM. |

**Diabetes** – *'20% of eligible patients should be referred to the National Diabetes Prevention Programme'*. The majority of practices more than exceeded this target with numbers increasing from 310 patients being referred in 2017 to 6693 patients receiving a referral in 2018 which translates to 149 patients prevented from developing diabetes. As a member of NIHR JR highlighted concerns that the programme does not work as well in the long term and suggested that the CCG should be mindful of this.

**Hypertension** – *'60% of patients with hypertension have a diagnosis'*. The vast majority of practices achieved the target and the CCG average improved from 63.5% to 65% which translates to 1717 extra patients. It was noted that if optimal treatment is then received by these patients there is the potential to prevent 3 strokes, 2 heart attacks and 2 deaths.

ES highlighted a number of challenges and items for consideration in the future and committee members offered thoughts and suggestions for the future.

- AC suggested that it would be interesting to see changes as a result of the PCCF from the patient experience point of view built into next year's evaluation (particularly around access).
- RN asked whether the right issues are being tackled based on the population. LM replied that the majority of standards were initially based on the population and new standards have come from Right Care data. RN suggested that the CCG may wish to revisit the population base to check that the correct areas are being tackled.
- JR noted that absolute figures are preferable to percentages as patients would relate more to data presented in this way. ES replied that this was useful feedback for consideration when presenting data at the AGM.
- RSu suggested that the consultation standard should have led to an improvement in attendance at A&E and questioned whether this type of analysis could be done. ES replied that internal discussions have taken place about the potential impact on emergency admissions and consideration will be given to this analysis next year.
- In terms of communicating results to the public, there are some important messages to promote around improvements to the quality of lives and lives saved. This will be done via the AGM, and additionally the GP awards will have a stand titled 'making a difference' which will feature the PCCF.

The Committee agreed that this year's PCCF scheme has been a success and highlighted that this is due to the dedication of CCG staff along with the collaboration of GP practices.

The PCCF monitoring group will be responsible for developing the PCCF for 2019/20.

ENCLOSURE 1

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| **10.** | **Improving GP Access Communications Campaign Evaluation**<br><br>LPD attended to deliver a presentation on the GP extended access campaign which ran Dec 2017 until the end of March 2018. The aim of the campaign was to increase awareness of the availability of extended opening hours within general practice. The key target audiences were working professionals, parents of 0-5 year olds, and 16-25 year olds. The main messages were to encourage the use of the extended hour's appointments, encourage patients to book with their GP or Nurse during evening and weekends, and to contact their practice or go online to find out further information.<br><br>Over 400 people were engaged with numerous social media and PR activity. NHSE had created a suite of documents for the campaign which were branded locally and resources were prepared for GP practices including banners, social media content, leaflets and posters. Additionally a 4 week radio campaign was commissioned which reached 469,000 people.<br><br>A GP online tool kit was promoted during a PLT event. Two practice audits followed to identify whether practices were actively promoting the online campaign.<br><br>A questionnaire highlighted that 78% of those surveyed had experienced no difficulty in getting a GP appointment in the past 6 months. LPD was unsure whether all of the people surveyed had tried to make an appointment.<br><br>11.56 – MW left the room.<br><br>AC asked about the percentage of appointments that were taken up and whether there is a way of tracking this over time. JM replied that the contracting team are in receipt of monthly figures from all extended hours federations and therefore the team are aware of how many appointments are offered, and how many patients do not attend appointments. CMP will be looking into the extended hour's services and the demographic of patients using the services.<br><br>11.58 - MW returned to meeting.<br><br>11.58 - LPD left the meeting. |
| **11.** | **RCGP Spotlight on 10 High Impact Actions** |

ENCLOSURE 1

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| | Item deferred. |
| **12.** | **The Future of Three APMS Contracts**<br><br>The agenda was re-ordered and this item was dealt with after item 9.<br><br>JM presented a report which requests that Committee decide on the future of three APMS contracts due to expire on 31st March 2019. The contracts are; Virgin Assura Summerfield, Malling Health Parsonage Street and Malling Health Great Bridge. The two options to consider for each contract are either re-procurement or patient list dispersal. If a decision is made to re-procure and a contract length of over 5 years is awarded, then business case approval would be required by NHSE.<br><br>*11.04 – LPD arrived.*<br><br>Malling Parsonage Street and Virgin Assura both have registered lists and a walk in centre. The report and recommendations relate solely to the GP practice, with the walk in centres being considered separately by the CCG.<br><br>The registered list size at Great Bridge is 4,244. It was noted that there are a number of housing developments planned in the Great Bridge / Tipton area which would produce an additional 1800 residential units in this vicinity. Parsonage Street has a registered list size of 4,900 and Virgin Summerfield has 5,900.<br><br>In terms of premises, Great Bridge currently lease from NHS PS with a 10 year lease expiring when the contract ends (with the ability to renew). Parsonage Street is leased from a private landlord with the contract due to expire next year (there is the option to extend for a further 12 months at a higher rate). Summerfield is leased from NHS PS with 15 years remaining on a 25 year contract.<br><br>As part of the scoping exercise, neighbouring practices within a 1.5 mile radius of each of the practices concerned were contacted to ascertain what the impact would be on their practice should the lists be dispersed, and to find out whether they are in a position to register more patients. It was noted that the other 2 practices currently operating out of Summerfield (BSOL CCG practices) are unable to take an influx of patients.<br><br>In terms of finance, the CCG currently commits £1.75million to the APMS contracts. The equivalent GMS global sum would be £1.3million and therefore the CCG pays an additional £431,000 for the three contracts in question. The costings for list |

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| | dispersal and procurement would result in cost savings for the CCG.<br><br>KM advised that a consultation was launched in February for 6 weeks which was further extended by 4 weeks. Approximately 14,000 were engaged using a variety of methods including a questionnaire. There were over 572 responses and the majority of responders were in favour of option 1 (re-procurement). It was also noted that the CCG have received a letter from a local MP urging for consideration to be given to re-procurement.<br><br>Should Committee decide to re-procure the contracts; a business case will be submitted to NHSE requesting approval to award a 10 year contract with an option to extend for 5 years. JR flagged concerns about 10 years being a long time and queried whether there would be an option to add a break clause. JM replied that consideration could be given to the contract length with the possibility of 5 years + 5 years, or 7 years + 3 years.<br><br>JM invited questions and RS reminded committee that GPs (SM and RSu) may be conflicted and should therefore be mindful of this as contributions to discussions are made.<br><br>With regards to a question raised by AC, KM advised that those who were involved in the consultation process were assured throughout the process, and the outcome of the result will be shared along with consultation feedback. In response to AC's second question, JSS advised that work will take place internally to improve engagement with future online consultations.<br><br>**Decisions**<br><br>- **Malling Health Great Bridge and Malling Health Parsonage Street – Committee agreed with option 3 (Re-procurement of a single new contract with two premises in Sandwell, with a contract length of 7 years plus 3).**<br>- **Virgin Assura – Committee agreed with option 2 (Re-procurement, with contract length of 7 years plus 3).**<br><br>The CCG will now need to submit an outline business case to NHSE for the contract term. It was noted that NHSE have a 14 day turnaround time. |
| **13.** | **PCN MOU Changes**<br><br>There are three changes being proposed.<br><br>- To move the deadline for the workforce strategy from 1st October to 31st |

ENCLOSURE 1

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| | December to provide networks with a longer running time in order to develop a meaningful strategy.<br>- To include a new deadline of 31st March 2019 to ensure that governance is formed and there is timely and consistent attendance of members.<br>- In relation to the clause originally included around the reclaim of monies (which stated that all money could be reclaimed), this has been edited to 'reclaim a proportion of money if the elements are not delivered'.<br><br>12.02 – AB left the room.<br><br>JM confirmed that members will sign an addendum of the document.<br><br>**Decision – Committee agreed the recommended changes to the PCN MOU.** |
| **14.** | **Any Other Business**<br><br>Items deferred.<br><br>*12.03 – ES left the meeting.* |
| **15.** | **GPFV Monitoring Group (April 2018)**<br><br>Papers included for information only. |
| **16.** | **PCCF Monitoring Group (March & April 2018)**<br><br>Papers included for information only. |
| **17.** | **Date and Time of the Next Meeting**<br><br>**19 July 2018, 13:00 – 14:30**<br><br>**(Advance apologies from SM).** |