

**Minutes of the Primary Care Commissioning Committee meeting held on Wednesday
21 March 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices,
Portsmouth**

Summary of Actions

Agenda Item	Action	Who	By
7.	Primary Care Commissioning Quality and Innovation Scheme (CQUIN) Amendments to the Primary Care CQUIN. <i>Post meeting Note: The Chair agreed and approved the revised Primary Care CQUIN specification.</i>	Terri Russell	May
8.	Integrated Primary Care Service Bring back for approval at the next meeting.	Jo York	May

Present:

Margaret Geary	- Lay Member (Chair)
Roger Batterbury	- Healthwatch Portsmouth Vice-Chair
Dr Linda Collie	- Clinical Leader/Clinical Executive (GP)
Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive (GP)
Dr Julie Cullen	- Registered Nurse
Jackie Powell	- Lay Member
Jo York	- Director (New Models of Care)
Innes Richens	- Chief of Health & Care Portsmouth
Mark Compton	- Deputy Director of Transformation
Terri Russell	- Deputy Director of Primary Care
Andy Silvester	- Lay Member
Michelle Spandley	- Chief Finance Officer

In Attendance

Justina Jeffs	- Head of Governance
Lisa Stray	- Business Assistant

Apologies:

Dr Annie Eggins	- Clinical Executive (GP)
Suzannah Rosenberg	- Director of Quality and Commissioning

1. Apologies and Welcome

Margaret Geary welcomed members to the meeting, noted the apologies as above and reminded those present of the following:

- The meeting is not a public meeting and therefore no participation from members of the audience would be allowed during the formal business of the Committee.
- The CCG undertakes primary care co-commissioning under delegated powers from NHS England.
- In order to support the management of any conflicts of interests, the Chair is a lay member of the CCG.
- The Chair will determine action to be taken where members declare a conflict in line with the CCG's policies.

- The Clinical Executive lead for Primary Care, Dr Linda Collie, will be allowed to participate in discussions for such items unless they are directly about her practice.

2. **Declarations/Conflicts of Interest**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices, and practice representatives of the Committee working within Primary Care declared a perceived, potential or actual conflict for Items: 5, 6, 7, 8 and 9. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

3. **Minutes of Previous Meeting**

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 17 January 2018 were approved as an accurate record.

An update on actions from the previous meeting was provided as follows:

Agenda Item	Action	Progress
2.	Register of Interest to be updated	Immediately (<i>Post Meeting Note: completed after the meeting</i>)
5.	PMS reinvestment paper to be put on March 2018 agenda	Item on Agenda
5.	CQUIN paper to be put on March 2018 agenda	Item on Agenda
8.	An agreed plan with the practice for additional assurance in March	The University Practice has confirmed another GP Partner. As this partner is transferring from another Portsmouth Practice, Terri Russell confirmed that mitigating actions are being put in place to minimise any impact. Terri Russell will bring back an update in May.

4. **Risks**

Margaret Geary reported no new risks escalated from the Primary Care Operational Group.

5. **Quality in General Practice**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Work had previously been undertaken to identify key quality indicators for general practice. Terri Russell spoke to this paper which provided further information on these indicators and associated actions being taken. The information provided has been made accessible to individual practices for improvement benchmarking purposes only and is not being used as a performance requirement.

Committee members were asked to review report which included:

- CCG and practice responsibilities
- Quality Framework and GP Quality Dashboard
- Quality report

Terri Russell confirmed that the indicators have been reviewed and continue to be overseen by the Primary Care Operational Group. Not all indicators were included in the Committee Report. However, of particular note were:

- Patient Experience - an increased uptake for the Friends and Family Test.
- Systems / processes – available to individual practices to review their own data based on referral information from Portsmouth Hospitals Trust (against national e-referral data used for the Target score)
- Patient Care
- Quality Standards
- Not all indicators were included in the report, and a ‘snapshot’ of the data may not provide an up-to-date position.
- Practices that are not scoring high are those practices that are going through significant change.

Although there is a good range of practice information in the report, Michelle Spandley asked how variances are being managed. Terri Russell responded that the purpose is to provide data to the practices so that they can identify what the underlying cause may be and work to make improves where appropriate.

Dr Jonathan Lake suggested it would be useful to add ‘how much do you feel involved with your care?’ to the dashboard and it was noted for possibly inclusion.

Dr Jason Horsley welcomed targets but questioned our support of practices in encouraging collaboration, working and gauging experience and information from other sources e.g. Public Health England. Terri Russell responded that practices are encouraged to work together to share best practices or to identify opportunities to improve outcomes and that not all indicators are involved in this report.

Margaret Geary questioned why Learning Disabilities were not presented in the range. Terri Russell stressed that work is scheduled differently, and that a ‘snapshot’ of data may not accurately reflect the current position.

The Primary Care Commissioning Committee noted the content of the report.

6. Personal Medical Services (PMS) reinvestment

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

The CCG is completing year two of a five year reinvestment programme. Terri Russell restated the principle of these monies being reinvested in Primary Care.

Members were asked to approve the recommendations for the 2018/2019 reinvestment plan, and to agree the principles for reinvesting in the remaining two years.

PMS Principles

The following principles reflect and build on the original guidance provided by NHS England, are:

The funding

- *should be ring-fenced for recurrent investment in General Practice;*
- *should adequately reflect the increased (non-core) activity that has shifted into and will continue to be absorbed by General Practice e.g. from secondary care or as a result of new models of care;*
- *could be used, by agreement with practices, to support delivery of new models of care in General Practice across a locality or across the city; for example a service such as the Acute Visiting Service.*

Existing recurrent expenditure

Respiratory LCS (circa £200k)

Proposal to continue funding with no changes for 2018-19

Total proposed funding: £200k
(£11 per head of respiratory population)

Basket LCS (circa £450K)

Proposal to increase funding by approximately £65k to reflect transfer of work from the Primary Care CQUIN to the basket (Virtual ward/MDT working and cancer screening)

Total proposed funding: £515k
(£2.20 per head of population)

Additional proposed expenditure

Workforce development and remuneration (circa £380k)

Terri Russell explained this will be used to invest in training to develop existing staff in new roles, or to develop their current scope of practice. Practices have been asked to view the proposal and the existing expenditure has been agreed.

Key examples include:

- Reception staff who have undertaken training to take on additional responsibilities e.g. workflow optimisation; or
- Care navigation or for upskilling and developing nursing staff to take on nurse practitioner roles.

Committee Members raised the following:

- Innes Richens questioned the monitoring of activity. Terri Russell confirmed that a review is currently being carried out, alongside an existing audit to provide assurance.
- Jo York asked if respiratory featured in the Local Commissioned Service in practices, and if practices were aware this might be part of a Long Term Conditions hub. Terri Russell said that as the hubs would need to be resourced with people rather than funding further negotiation will be required with practices. Mark Compton stated the need for flexibility due to other streams of investment.

- Dr Julie Cullen asked how the workforce funding would be distributed i.e. per practice or pooled such as training events. Terri Russell confirmed that funding would be calculated based on head of population and distributed according to plans developed by each practice.
- Dr Jonathan Lake asked about ongoing support for salaries. Terri Russell confirmed that funding is recurrent. Mark Compton commented that we need clear exclusions. Terri Russell responded that this will be recognition of new roles. Michelle Spandley commented the need to make sure these roles are within our direction of travel.
- Following a question from Dr Linda Collie, Terri Russell confirmed that Time for Care monies is separate to the £380k workforce development and remuneration funding.

The Primary Care Commissioning Committee agreed in principle, subject to receiving additional assurance for reinvestment in the summer.

7. Primary Care Commissioning Quality and Innovation Scheme (CQUIN)

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Terri Russell shared the final draft of the 2018/19 Primary Care CQUIN specification with members which highlighted alternative ways of working and best practice. She reported that the scheme has been developed with local priorities in mind and built upon schemes previously offered to practices.

Committee members were asked to agree the objectives, content and finance related to the 2018/19 Primary Care CQUIN.

Dr Jason Horsley questioned the processes by which optional components of the CQUIN are determined. Terri Russell confirmed that these are at the practices' discretion.

Committee members agreed the following amendments to the 18/19 Primary Care CQUIN Components:

Technology Programme (Mandatory Component)

- e-Referrals removed completely as now in national contract
- EPS element removed from the EPS/Repeat Dispensing requirement as now in national contract
- National commitment to increase target for Patient Online now confirmed
- £23K freed up

Quality Improvement Programme (Mandatory Component)

- Developing a QI culture etc. has been removed
- Some activities removed as thought to be part of the core offer from GP practices and should not be incentivised
- Small lump sum now identified for engaging with QI work and having a QI champion
- Outcome measures now more defined
- £500 *additional cost*

Self Care

- Some activities removed as thought to be part of the core offer from GP practices and should not be incentivised
- CCG to put on city wide events and provide materials for patient education events rather than in groups of practices

Efficient and Effective Use of Resources Programme (Mandatory Component)

- Clinical meetings to reduce variation now re-worded to clarify if using TARGET this needs to be an extended session.

Terri Russell will incorporate all amendments to the Primary Care CQUIN. The Committee agreed that Chair's action will be taken to agree the revised specification and provide an update at the next meeting.

Action: TR

The Primary Care Commissioning Committee agreed the proposed document in principle. Chair's action will be taken to agree the revised Primary Care CQUIN specification taking account of the amendments listed above.

Post meeting Note: The Chair agreed and approved the revised Primary Care CQUIN specification.

8. Integrated Primary Care Service

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. No decision is required at this time by the Committee, and therefore, Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Jo York spoke to a paper that provided an overview of the progress to date to award a contract for Integrated Primary Care Services from the June 2018.

Committee members were asked to note the content of the report, including the requirement for the contract award to be approved by the Committee in May 2018.

Jo York reported that the final Portsmouth Primary Care Alliance (PPCA) submission and due diligence assessments will conclude in April 2018; and that the CCG's subject matter experts will then determine if sufficient assurance has been received to proceed with contract award.

PCCC Approval

The PCCC will be requested to scrutinise the procurement process undertaken to date and approve the decision to award an interim contract to the PPCA for Primary Integrated Care Services in May 2018.

Service Go-live and Continuous Service Development

The Integrated Primary Care Service will deliver a unified service for Acute Visiting Service, GP Enhanced Access, and Out of Hours provision from the 1 June 2018.

Jo York reported that due diligence process has been established to support the procurement, contractual agreement, and mobilisation for the new service; ongoing development and delivery of the service post June 2018. This will be undertaken by the CCG contract review meetings and through the Portsmouth Multi-speciality Community Provider Programme Board.

The Primary Care Commissioning Committee noted the content of the report. Jo York will bring back the contract for approval at the next meeting.

9. **Multi-speciality Community Provider (MCP) Progress Report**

No direct conflict of interest at this time, but may in the future present a potential conflict for all GP members and practice representatives of the Committee where contractual arrangements and allocation of resources are affected.

Mark Compton provided an update on the progress of developing a local MPC model, supported by suitable contractual arrangements. The Committee had previously received the Case for Change and Procurement Options papers.

Committee members were asked to note the context of the report.

In summary, the CCG have been working to implement the decision by the Committee by:

- developing a strengthened Partnership Agreement;
- exploring Risk/Gain share agreements - testing will be undertaken by the Enhanced Care Home team
- developing an Integration Agreement – testing of a prototype will be undertaken by the Long Terms Conditions project

The MCP working group continues to review:

- Commissioned Intentions
- Healthwatch Partnership Working

The outcome of the Accountable Care Organisation Contract consultation will impact on future work.

The Primary Care Commissioning Committee noted the content of the report.

10. **Minutes of Other Meetings**

The minutes of the following meetings were presented for acceptance by the Committee:

- Minutes of the Primary Care Operational Group meeting held on 18 December 2017 and 12 February 2018.
- Minutes of the Multispecialty Community Provider (MCP) Working Group meetings held on 24 January 2018.

The Primary Care Commissioning Committee accepted the minutes.

11. **Any Other Business**

No further business to discuss.

12. **Date of Next Meeting**

The next Primary Care Commissioning Committee meeting to be held in public will take place on 16 May 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices.

Member Name	Jul 2017	Sept 2017	Nov 2017	Jan 2018	Mar 2018
Dr Linda Collie	✓	✓	✓	✓	✓
Mark Compton	✓	✓	✓	A	✓
Dr Julie Cullen	A	✓	✓	A	✓
Dr Annie Eggins	A	✓	✓	✓	A

Patrick Fowler	✓	A	A	A	
Jo Gooch	✓				
Dr Jason Horsley	✓	A	A	A	✓
Justina Jeffs	A	✓	✓	✓	✓
Dr Jonathan Lake	✓	A	✓	✓	✓
Jackie Powell	✓	✓	✓	✓	✓
Innes Richens	✓	✓	✓	✓	✓
Terri Russell	✓	✓	✓	✓	✓
Suzannah Rosenberg	✓	✓	A	✓	A
Tracy Sanders	✓				
Andy Silvester	A	✓	A	✓	✓
Jo York		✓	✓	✓	✓
Michelle Spandley	✓	✓	✓	✓	✓
Lisa Stray	✓	✓	✓	✓	✓
Margaret Geary			A	✓	✓
Roger Batterbury					✓

✓ - Present

A – Apologies