

**Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)
Primary Care Commissioning Committee (PCCC)**

**Minutes of meeting held on
3 May 2018 14:00 – 16:00**

Nidderdale Suite, Dower House Hotel, Knaresborough HG4 1LE

Present

Sheenagh Powell	Vice Chair of the Governing Body, Lay Member, HaRD CCG (Chair)
Dr Alistair Ingram	Clinical Chair, HaRD CCG
Dr Rick Sweeney	GP Member Governing Body, HaRD CCG
Dr Sarah Hay	GP Member Governing Body, HaRD CCG
Amanda Bloor	Chief Officer, HaRD CCG
Dawn Ginns	Primary Care Team, NHS England (dial in)
Lance Gilroy	Lay Member for Patient and Public Involvement
Joanne Crewe	Director of Quality and Governance, HaRD CCG
Wendy Balmain	Director of Transformation and Delivery, HaRD CCG
Georgina Wilkinson	Public Health Deputy, North Yorkshire County Council
Dr Jim Woods	North Yorkshire Local Medical Committee – Harrogate Division
Dr Ian Woods	Secondary Care Doctor
Nigel Ayre	Delivery Manager, Healthwatch

Apologies

Kate Kennady	Governing Body Lay Member, HaRD CCG (Chair)
Dilani Gamble	Chief Finance Officer, HaRD CCG
Rachael Richards	Public Health Deputy, North Yorkshire County Council

In Attendance

Sasha Sencier	Corporate Governance Manager, HaRD CCG (Secretariat)
Alec Cowell	Head of Finance (Deputising for Dilani Gamble)

1.0 Introductions and Apologies

Apologies were received from Kate Kennady, Dilani Gamble and Rachael Richards. It was noted that Alec Cowell, Head of Finance, is deputising for Dilani Gamble and Georgina Wilkinson is deputising for Rachael Richards.

The Primary Care Commissioning Committee:

Noted the above.

2.0 Declarations of Interest in Relation to the Business of the Meeting

Dr Alistair Ingram, Dr Sarah Hay and Dr Jim Woods declared a pecuniary interest under Items 5.4: Guidelines for Investments in GP Premises, Item 8.1: 24 Hour Blood Pressure Monitors, Item 8.2: Primary Care Transformation Funding.

It was agreed that all conflicted members would need to leave the room during the items listed above.

Sheenagh Powell declared a general interest as she is still the Chair of the Audit Committee for Vale of York CCG. Dr Ian Woods also declared a general interest as he is the Secondary Care Doctor for Scarborough and Ryedale CCG.

The Primary Care Commissioning Committee:

Noted the above.

3.0 Minutes of the Last Meeting held on 13 March 2018

Minutes of the meeting held on 13 March 2018 were reviewed by the PCCC for accuracy.

Sheenagh Powell noted that she is the Chair of the Audit Committee for Vale of York CCG and not the Vice-Chair of the Governing Body.

The minutes were agreed as a true and accurate record, subject to the above amendment.

The Primary Care Commissioning Committee:

Approved the above.

4.0 Matters Arising from the Minutes

The Committee reviewed the matters arising and all were agreed as complete.

Alec Cowell noted that the Data Quality Service had now been approved by all CCGs.

Sheenagh Powell noted that it was agreed not to bring the Terms of Reference for review at this meeting due to the absence of the Chair. The Committee agreed to review the Terms of Reference at the meeting in September 2018.

The Primary Care Commissioning Committee:

Accepted the above.

5.0 Governance

5.1 Primary Care Commissioning Committee Forward Plan

The Committee reviewed the forward plan and no changes were noted.

The Primary Care Commissioning Committee:

Noted the above.

5.2 Significant Risk Review

Sheenagh Powell informed that, in line with the new risk management strategy, all Committees (including the Senior Management Teams meetings) receive and review on a quarterly basis those significant risks (scored at 12 and above) that are aligned to them from the Governing Body Assurance Framework and Corporate Risk Register.

The GBAF and CRR are important governance documents that facilitate the effective management of the CCG's strategic and operational risks. The GBAF and CRR are repositories of current risks to the organisation that are rated at 12 and above and include risk ratings and the controls in place to mitigate the risk.

There are currently NO risks on the GBAF or CRR that are aligned to the PCCC and therefore no registers are attached for discussion for today.

The Primary Care Commissioning Committee:

Noted the above.

5.3 Primary Care Commissioning Committee Effectiveness Review 2017-18

Sheenagh Powell presented the outcome of the PCCC effectiveness review and noted that the outcome was very good.

Amanda Bloor suggested that it would be beneficial for new members to have a development session on the background of how and why the PCCC was established. The Committee agreed this would be a good idea and Sasha Sencier was asked to contact NHS England to enquire about a presentation given to members at the establishment of the Committee.

The Primary Care Commissioning Committee:

Approved the Effectiveness Review.

5.4 Guidelines for Investments in GP Practices

This Item was deferred to start before Item 8.1 in order for conflicted Members to leave the meeting with least disruption.

At this Item, Dr Alistair Ingram, Dr Sarah Hay and Dr Jim Woods vacated the room.

Dr Rick Sweeney presented the Guidelines for Investments in GP Practices

A decision was made by North Yorkshire PCT over 10 years ago to significantly restrict increase in revenue premises payments to GP practices to help them meet the PCT financial targets. This resulted in very little capital development of GP premises, and this situation has persisted ever since. The CCG has recognised the need to invest in premises to support the development of care moving closer to people's homes and the integration of community services and the FPCC has approved controlled investment in premises.

This paper presents a policy for prioritising investment in premises development to ensure it is appropriately targeted and the revenue consequences are affordable for the CCG.

Dr Ian Woods asked if the decision is made to relax the position, is it different money or cost funding pressure. Dr Rick Sweeney informed that it is a cost pressure as a revenue charge. A rental charge is paid and if the premises are bigger that amount will be more.

Amanda Bloor noted that this cost is from a separate allocation. Previously NHS England would look at the risk and weigh up the pros and cons. It is a part repayment and Primary Care does sit with NHS England so any underspend sits with NHS England in a regional pot. Dawn Ginns agreed it would be for NHS England to manage through the allocation.

Dr Rick Sweeney said that part of the reason for the policy is so revenue consequence can be minimised. It is also there to encourage Practices to develop premises and take on more work from Secondary care and reduce costs in other ways.

Amanda Bloor noted that transformation to existing builds would not work due to constraints and also that there is a capital pipeline coming through the STP. It would be helpful to look at these two priority areas.

Lance Gilroy stated that with a population increase of 10% in the next 30 years something needs to be done.

Amanda Bloor noted that if the CCG can invest capital then we can minimise revenue consequence to the CCG. There needs to be a conversation with NHS England around this.

Wendy Balmain felt that with the future direction of travel with integration then colocation is good at delivering better outcomes and this cannot be done with existing estates.

Sheenagh Powell felt that the Committee had discussed funding but questioned affordability.

Alec Cowell stated that this is an additional cost and help from NHS England would be ideal but there will still be a cost to the CCG going forward.

Sheenagh Powell accepted this will incur additional cost and this may fall to funding being found by the CCG within the allocation or elsewhere. Opportunities need to be discussed with NHS England with commitment to improve Primary Care as the longer nothing is done the harder it will be. This needs to be done in partnership with NHS England where there is a co-commissioning area of identified critical need.

Dr Rick Sweeney felt that funding should be targeted at those most in need. This should include a business case showing integration of services and what activity will take place in new buildings, sighted on what Harrogate town plan says. Patient engagement should be included in this too.

The Committee discussed the guidelines and approved them subject to system wide wording being implemented.

Amanda Bloor asked that the principles reference the STP Primary Care Strategy.

The Primary Care Commissioning Committee:

Approved the guidelines, subject to the amendment suggested by Amanda Bloor.

6.0 Reports from HaRD CCG & NHS England

6.1 PCCC Steering Group (PCSG) Update

Dr Rick Sweeney presented the PCCC Steering Group update.

The summary of current CQC reports demonstrate all practices are rated as outstanding or good. Further inspections are taking place but no further reports have been published since the last PCCC meeting.

Extended Access is in place and the CCG, with the support of our Patient Partners, has produced questionnaires for both patients and practice staff as part of our evaluation of the service. We have been waiting for data from the provider about appointment availability and usage but this has not yet been provided. There is a formal contract management meeting in early May.

'Homeless Champions' at Practices have attended training to ensure better access and no barriers and will share this learning to other members of staff. Lance Gilroy noted how well this initiative is working.

The Friends and Family Test (FFT) for the Harrogate locality continue to be better than the National results, but the number of responses remains very low. Dr Rick Sweeney feels it is hard to understand the value of doing the FFT. Practices must do it and can submit a zero return but if a Practice fails to submit data for more than 3 months in a row this is a contract breach. Practices cannot submit retrospectively. Dr Sarah Hay questioned how this test can be made more meaningful considering it must be done. Dr Rick Sweeney agreed and noted that there is one question on the test set nationally and must remain the same and a second question is the choice of the Practice but only the result of the mandated question is shared with the CCG.

Preparation to be compliant with the new General Data Protection Regulations (GDPR) is underway and practices have commissioned Veritou to ensure actions plans are in place to meet the new regulations.

Nigel Ayre and Dr Jim Woods declared an interest at this point relating to the above. Sheenagh Powell thanked both Nigel and Jim for drawing attention to the potential conflict of interest and noted that as no decisions were being made both could stay in the meeting for the discussion.

The Primary Care Commissioning Committee:

Noted the above.

6.2 NHS England Primary Care Update

Dawn Ginns provided an update from NHS England on Primary Care.

In relation to international GP recruitment, an addendum has been added to the original approved bid based on the original criteria, with the intention to include Harrogate within the STP bid. This addendum has been submitted to the regional plan for review by a panel. It is expected that this addendum will be considered within the next 2 weeks and the outcome shared as soon as possible. NHS England is looking to recruit local project management support to manage the bid.

YORLMC have been allocated funding to deliver training to Practice Managers in Harrogate. Dawn Ginns confirmed that there will be some training support around GDPR.

Sheenagh Powell queried whether the safeguarding will be included in this training as there are conflicting requirements where there are safeguarding concerns. Dawn Ginns agreed to look into this.

Dr Ian Woods noted that filling GP positions on the east coast is difficult and the CCG is going out on their own to recruit GPs.

The Primary Care Commissioning Committee:

Noted the above.

6.3 Capita Services for Primary Care

Dawn Ginns provided an update on Capita Services for Primary Care and noted that there have been real challenges for the Practice and NHS England has been collating issues from the practices and feeding the issues back in order to improve the situation.

Dr Sarah Hay noted that although the situation is not as bad as it once was, there are still significant delays with notes and payments and these problems are dating back months now with cash flow issues due to this.

Dr Rick Sweeney informed that there is now a Capita Services representative arranging appointments with Practices in order to clear up any issues face-to-face.

The Primary Care Commissioning Committee:

Noted the above.

7.0 Strategy and Delivery

7.1 Primary Care Strategy – Annual Review

Dr Rick Sweeney presented the Primary Care Strategy to Members of the Committee.

When the strategy was first produced there were a number of other CCG's strategies that were large and not user friendly, so the CCG agreed that a more user friendly strategy should be produced. The CCG is currently in the process of updating the strategy and it is hoped now there is a new Communications person in post that there will be a better understanding of how to publish the strategy on the website without the current technological hiccoughs .

Sheenagh Powell queried what the strategy feeds into in the wider context and Rick informed that the STP has published their own broader strategy and the CCG strategy is linking to this.

Amanda Bloor feels that the strategy needs to be shaped locally for Primary Care and more in line with local population need and acute based care. A 'one fits all' model is not appropriate for Primary Care.

Dr Sarah Hay feels that the strategy is inevitably iterative. Dr Rick Sweeney agrees that the strategy is a living document.

Nigel Ayre noted that there are a lot of acronyms within the strategy which may be difficult for the average consumer to understand..

Joanne Crewe agreed that more could be done to make the document more understandable to a wider audience and suggested that Nigel Ayre feed any comments back to Rachael Durrett, Communications Officer at the CCG.

The Primary Care Commissioning Committee:

Noted the above.

7.2 GP IT Update

Alec Cowell provided an update on IT for GP Practices in the Harrogate locality. The report was taken as read.

In relation to mobile working, all Practices who expressed an interest in mobile working practices have had exploratory meetings.

Health and Social Care Network (HSCN) had their first meeting yesterday. They are working across Practices and care homes. In Sheffield, all Practices went mobile and the project management team will learn from their experience while considering next steps.

Sheenagh Powell noted that mobile working works well in care homes and wifi in GP surgeries is useful to carers and patients and it is much more efficient than paper-based communication.

Alec Cowell informed that this is funded through IT capital from NHS England. The CCG will use project management team to explore options and a summary will be taken to FPCC for noting and PCCC for information.

The Primary Care Commissioning Committee:

Noted the above.

8.0 Investments

8.1 24 Hour Blood Pressure Monitors

As described above, Dr Alistair Ingram, Dr Sarah Hay and Dr Jim Woods declared an interest in relation to this item, as described above. It was agreed that those conflicted would leave the room for this item and Item 8.2.

This item was discussed as part of Item 8.2. Please see below.

The Primary Care Commissioning Committee:

Noted this item would be discussed as part of Item 8.2.

8.2 GP Forward View Transformation Funding

Wendy Balmain presented the GP Forward View Transformation Funding paper that sets out the CCG's commitment in the Operational Plan to fund the £3 per head in 2018/19 as set out in the GP 5 Year Forward View.

Wendy noted that in the context of the financial position it has been agreed through the Finance, Performance and Commissioning Committee that every investment needs to demonstrate an 'invest to save' principle.

It was noted that Yorkshire Health Network (YHN) would need to be involved to ensure effective engagement with GP Partners and some of the elements are not fully developed and will develop with local discussion.

There has been a great deal of work done around GP variation and reducing referrals into Secondary Care, 10 Practices engaged so far and extending to all 17 in the future. GP variation is a key element in the CCG's demand management strategy.

GP Practices have a real interest in dermatology so there is an opportunity there. There is also a real opportunity to improve prescribing, especially in residential and nursing homes. IT and Blood Pressure monitors are not part of the transformation but are to maintain standards.

Wendy noted that whilst some work has progressed regarding the above and advances have been made, further conversations are needed locally and involving the YHN.

Dawn Ginns agreed that whilst the paper shows a good level of investment in Primary Care, she has concerns that the funding should be to support transformation of GP services and is not confident this is demonstrated for all proposed elements, for example the blood pressure monitors.

Amanda Bloor feels the CCG is in a really difficult position and the view of finance colleagues is that we should not commit funding as we do not have the money. However, the principle of investment is to facilitate scale working and for a return on investment. The rest will transform services. There is a need to be innovative in the way we think and the CCG has managed to identify and quantify this within our financial position which is positive.

The Committee discussed the paper and noted that the CCG is committed to investing in Primary Care in the locality, however it was agreed that further discussions are required, with particular relation to dermatology and Blood Pressure monitors. The Committee therefore approved the investment proposals described in the paper, subject to local conversations and any revisions to be brought back to PCCC. Amanda Bloor feels a strong case can be made for this.

In relation to the YHN Business Development Manager post, Dr Ian Woods queried whether the person in post would remain a CCG employee. It was noted that this post would need to be self-sustaining and employed through the YHN, and YHN are clear about this.

Sheenagh Powell asked how the CCG would be assured the person employed in this post would be carrying out the work that the CCG is investing in. Wendy Balmain noted that as part of the implementation of the business case measurements will be in place, with regular monitoring and a shared set of objectives.

The Primary Care Commissioning Committee:

The Committee approved the investment proposals described in the paper, subject to local conversations with LMC, with any revisions being brought back to PCCC.

Dr Alistair Ingram, Dr Sarah Hay and Dr Jim Woods returned to join the meeting.

8.3 ECG Machines

Dr Rick Sweeney presented a verbal update on the decision to award a contract through procurement for ECG Machines. The decision was made to invest as a cost saving measure as people with palpitations would otherwise be referred to cardiology.

The Primary Care Commissioning Committee:

Noted the decision to award a contract through procurement for ECG Machines.

9.0 AOB

No further business discussed.

The Primary Care Commissioning Committee:

Noted the above.

10.0 Date of Next Meeting

Thursday, 6 September 2018 from 14:00 – 16:00
Nidderdale Suite, Dower House Hotel, Knaresborough HG4 1LE.

The Primary Care Commissioning Committee:

Noted the above.

Follow up actions - The actions required as detailed in these minutes are attached at Appendix A.

Appendix A

NHS Harrogate and Rural District Clinical Commissioning Group
 Actions from the Primary Care Commissioning Committee meeting on 3 May 2018

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as)
3 May 2018	4.0 Matters Arising from the Minutes	Terms of Reference to be brought to the meeting in September 2018	Sasha Sencier	On Agenda
3 May 2018	5.3 Primary Care Commissioning Committee Effectiveness Review 2017-18	New members to have a development session on the background of how and why the PCCC was established.	Dr Rick Sweeney Sasha Sencier	Scheduled to take place 1 November 2018, led by Dr Rick Sweeney.
3 May 2018	5.4 Guidelines for Investments in GP Practices	Principles to include reference to the STP Primary Care Strategy	Dr Rick Sweeney	COMPLETED and approved. Circulated through Practice Dispatches.
3 May 2018	7.1 Primary Care Strategy – Annual Review	Nigel Ayre to feed any comments on the Primary Care Strategy to Rachael Durrett, Communications and Engagement Officer at the CCG.	Nigel Ayre	
3 May 2018	7.2 GP IT Update	Update to be brought to PCCC in September 2018.	Alec Cowell	On Agenda