

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

**Minutes of meeting held on
3 November 2016 14:00 – 15:00**

**Nidderdale Suite, Dower House Hotel,
Knaresborough HG4 1LE**

Present

Prof Jane Metcalf	(JM)	Secondary Care Doctor, Governing Body, HaRD CCG (Chair)
Rachel Mann	(RM)	Vice Chair of the Governing Body, Lay Member, HaRD CCG (Vice-Chair)
Dr Alistair Ingram	(AI)	Clinical Chair, HaRD CCG
Dr Rick Sweeney	(RS)	GP Member Governing Body, HaRD CCG
Dave Hall	(DH)	Governing Body Lay Member, HaRD CCG
Amanda Bloor	(AB)	Chief Officer, HaRD CCG
Dilani Gamble	(DG)	Chief Finance Officer, HaRD CCG
Dr Bruce Willoughby	(BW)	GP Member Governing Body, HaRD CCG
Dr Angela O'Donoghue	(AO)	GP Member Governing Body, HaRD CCG
Dr Sarah Hay	(SH)	GP Member Governing Body, HaRD
Joanne Crewe	(JC)	Director of Quality and Governance / Executive Nurse
Wendy Balmain	(WB)	Director of Transformation and Delivery
Heather Marsh	(CC)	Primary Care Team NHS England - North (Yorkshire & The Humber)
Rachael Richards	(RR)	Public Health Consultant, North Yorkshire County Council
Nigel Ayre	(NA)	Delivery Manager, Healthwatch

Apologies

None

In Attendance

Sasha Sencier	(SS)	Corporate Governance Manager, HaRD CCG (Secretariat)
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1.0 Introductions and Apologies

No apologies were noted.

The Primary Care Commissioning Committee:

Noted the above.

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

No declarations of interest were received in relation to the business of the meeting.

The Primary Care Commissioning Committee:

Noted the above.

3.0 Minutes of the Last Meeting held on 1 September 2016

Minutes of the meeting held on 1 September 2016 were reviewed by the PCCC for accuracy.

The minutes were agreed as an accurate record.

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 completed.

The Committee was assured that the new Dr Foster risk stratification tool has been distributed to GP Practices and training will be available imminently.

As reported at the last meeting, the QRISK2 calculator is a computer-based tool used to calculate the risk of cardiovascular disease and predict the value of prescribing statins in primary prevention. It was discovered that the calculator incorporated into SystemOne (used by 13 of our practices) had been wrongly programmed and was producing incorrect risks. The Committee was assured that all patients affected had been reassessed by their GPs and no adverse effects were reported.

In reference to the Practice proposing to pilot Skype consultations, the Committee was informed that the scheme was delayed and is now due to start next week. An update will be brought back to the next meeting in March 2016.

The Primary Care Commissioning Committee:

Accepted the above.

5.0 Primary Care Commissioning Committee Risk Register

Professor Jane Metcalf presented the PCCC Risk Register.

It was noted that since the last meeting, the risk register had been updated by Dr Rick Sweeney, Rachel Mann and Sasha Sencier to include that the abolishment of the minimum income practice guarantee (MPIG) could result in the reduction in the services commissioned from Primary Care. It was further noted that all GMS Practices have an MPIG, however three are heavily affected and Practices are looking at ways to ensure services are not disrupted.

The Committee discussed engagement with patients in relation to how services may be affected and how Healthwatch may be able to assist in ensuring the most vulnerable patients are engaged with. NA, RS and DH are to meet to discuss further.

The Primary Care Commissioning Committee:

Accepted the PCCC Risk Register.

6.0 PCCC Terms of Reference

The PCCC Terms of Reference (ToR) are being reviewed to reflect NHS England Managing Conflicts of Interest: Statutory Guidance for CCGs, published in December 2014 and revised June 2016.

The key change to the ToR is the change of Chair from the Vice-Chair / Lay Member of Governance (Chair of the Audit Committee) to the Secondary Care Doctor. All other changes are minor in detail.

As set out on the Scheme of Delegation, once approved by the Committee, the PCCC ToR will be ratified by the Governing Body in December 2016.

The Primary Care Commissioning Committee:

Approved the PCCC Terms of Reference

7.0 Committee Effectiveness Review

Professor Jane Metcalf informed that is good practice for all Governing Body Committees to complete an annual effectiveness review.

The Committee agreed to complete an effectiveness review which will be led by Internal Audit with support from the Corporate Governance Manager.

The survey will be distributed to the Committee to complete before the end of December 2016. A report detailing the outcome will presented at the meeting in March 2017.

The Primary Care Commissioning Committee:

Approved the PCCC Terms of Reference

8.0 PCCC Steering Group (PCSG) Update

Dr Rick Sweeney, Chair of the PCCC Steering Group, provided an update and informed that two meetings have been held since the Committee last met in September 2016.

Refugees continue to arrive in Harrogate under the Syrian Refugee Resettlement Programme on flights every 3 months bringing refugees from camps in Jordan. To date 37 people have been settled in Harrogate and Rural District, though the arrival of one family has been delayed. Three different practices are now involved in providing care (one in Harrogate, one in Knaresborough and one in Ripon) and Service Specification for the care provided has been agreed.

In addition to refugees from the above programme we have also received 6 unaccompanied child refugees (under 18 years old) following the dissolution of the refugee camp in Calais. Unlike the refugees on the Syrian Refugee Resettlement Programme these unaccompanied children do not have financial support from the Home Office for medical costs and are registered as any other patient with GPs despite their expected complex needs. They are 'Looked After' Children and the Safeguarding team are involved in their care.

The Committee discussed the vulnerable nature of the children concerned and queried whether there was anything the PCCC could do to offer any support. It was noted that assessments are being managed through the Safeguarding Children Team and the Quality and Clinical Governance Committee (QCGC) is reviewing the situation monthly. There is also a risk relating to this on the QCGC Risk Register.

The Primary Care Commissioning Committee:

Noted the update from the Chair of the PCCC Steering Group.

9.0 Draft Primary Care Strategy

Dr Rick Sweeney presented the draft Primary Care Strategy on PowerPoint to the Committee. It was noted that it is not ready to be approved by the PCCC.

The Committee discussed the current format and agreed that it is very clear and that timescales are appropriate but that an implementation plan is required. It was agreed that providing links to initiatives local council are working on would be useful.

The Committee agreed that it would be useful to have a meaningful conversation with public and patients on the strategy, and also GPs and Practice staff. It was agreed to put the strategy on the CCG website and invite clinicians and the public to comment on the draft. The CCG will also engage in focus group exercise.

It was further agreed for RS and DH to discuss how Healthwatch may be able to support the initiative with NA.

The Committee approved the Primary Care Strategy in principle and will receive an update in March 2017.

The Primary Care Commissioning Committee:

Approved the Primary Care Strategy in principle.

10.0 Primary Care Update from NHS England

Heather Marsh provided an update on Primary Care.

The CCG submitted 7 Estates and Technology Transformation Fund (ETTF) bids five of which passed the initial assessment stage. All schemes passing this initial assessment have then been put into 3 different cohorts (Cohort 1 to be delivered by 31 March 17, Cohort 2 to be delivered by 31 March 19 and Cohort 3 to be delivered after the ETTF timeframe and alternative funding sources will be sought) to reflect when they can be delivered by. One of the CCG's bids has been placed in Cohort 1 and the other 4 in Cohort 2. CCGs are being asked to reconfirm their support for each scheme or whether it should be withdrawn from the programme.

HM explained that there are two categories of development, one around technology and the other around estates development. There was an understanding nationally that there would be a change in regulations for estates development and funding would be allowed at 100%. However the regulations have not changed and so approval is given at a maximum of 66% (and realistically much lower than this) and therefore additional funding schemes should be looked at. This is causing concerns for Practices and CCGs in terms of revenue due to reimbursement of the rent on space. A further regulation is that ETTF only applies to premise improvements and not new builds.

NHS England is aware that until the CCG and Practices have looked at possible financial impact the schemes won't go ahead.

RS informed that this was not the information sent to Practices and felt confused that the ETTF fund is for transformation but not applicable to new builds.

HM said NHS England needs to assist in addressing issues individually and that transformation is about services delivery and not buildings. NHS England is happy to review specific schemes but new builds don't necessarily transform services.

The Committee agreed that this issue should be reported to the Finance, Performance and Commissioning Committee (FPCC) through the Chair, Dr Rick Sweeney.

The Committee should also consider outside of the meeting whether a risk should be added to the PCCC risk register or if this should sit with the FPCC.

A further update will be provided at the next meeting.

The Primary Care Commissioning Committee:

Noted the above.

11.0 Capita Services for Primary Care

Heather Marsh provided an update on Primary Care.

The Committee was informed that there has been significant changes nationally. The Committee was reminded that Rachel Mann previously offered to have a conversation with a Director it has been discovered since that the person in question is no longer in post.

NHS England has acknowledged that the Capita contract is not delivering and have drafted in senior staff from NHS England to help with the transformation and to ensure they can start delivering as contracted. Significant improvements have been made since the last PCCC meeting in terms of Capita's responsiveness. A Clear escalation route is in place and the majority of long outstanding issues have been dealt with.

The Committee was pleased with progress made but from discussion it was agreed that a weekly call from GP Practices to Commissioning Managers should alert anything that may require escalation.

The Primary Care Commissioning Committee:

Noted the above.

12.0 AOB

There was no other business to note.

The Primary Care Commissioning Committee:

Noted the above.

13.0 Date of Next Meeting

Thursday, 2 March 2017 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.

NHS Harrogate and Rural District Clinical Commissioning Group
Actions from the Primary Care Commissioning Committee meeting on 3 November 2016

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as)
3 November 2016	4.0 Matter Arising from the Minutes	Skype pilot scheme update	Dr Angela O'Donoghue	2 March 2017
3 November 2016	5.0 Primary Care Commissioning Committee Risk Register	NA, RS and DH to discuss engagement with patients in relation to how services may be affected due to MPIG.	Dave Hall	2 March 2017
3 November 2016	7.0 Committee Effectiveness Review	Review survey to be sent to Members	Sasha Sencier	COMPLETED
3 November 2016	9.0 Draft Primary Care Strategy	Strategy to be put on the CCG website and invite clinicians and the public to comment on the draft. The CCG will also engage in focus group exercise.	Dr Rick Sweeney	COMPLETED
		RS and DH to discuss how Healthwatch may be able to support the initiative with NA.	Dr Rick Sweeney	ASAP
		Update to be given to the Committee in March 2017.	Dr Rick Sweeney	2 March 2017

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as)
3 November 2016	10.0 Primary Care Update	Issues with ETTF funding to be reported to the Finance, Performance and Commissioning Committee (FPCC) through the Chair, Dr Rick Sweeney.	Dr Rick Sweeney	ASAP
		To consider outside of the meeting whether a risk should be added, in relation to ETTF funding, to the PCCC risk register or if this should sit with the FPCC.	Dr Rick Sweeney / Rachel Mann	ASAP
		A further update will be provided at the next meeting.	Dr Rick Sweeney	2 March 2017