



**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**

**Minutes of the Primary Care Commissioning Committee (PCCC), held on 2019 at 2.30pm in Boardroom 2, WLCCG, Woodgate, Loughborough**

**PRESENT:**

Ms Gillian Adams	Chair, Lay Member
Dr Geoff Hanlon	Locality Lead, North Charnwood
Ms Wendy Kerr	Lay Member
Dr Ash Kothari	Locality Lead, Hinckley & Bosworth
Dr Mike McHugh	Public Health Representative
Mr Ian Potter	Director of Primary Care
Dr Nil Sanganee	Locality Lead, North West Leicestershire
Dr Sumit Virmani	LMC Representative

**IN ATTENDANCE:**

Mr Cal Deane	Interim Head of Primary Care Contracts & Quality
Mr Stuart Fletcher	Head of Corporate Governance
Ms Manjeet Garcha	Interim Deputy Chief Nurse
Ms Sally Powell	Inspector, Care Quality Commission
Mr Andrew Roberts	Head of Management Accounts
Ms Kirstie Swinfield	Committee & Corporate Affairs Assistant (minutes)
Ms Melanie Whittall	Delivery and Assurance Inspector, Care Quality Commission

Item	Discussion	Action
PCCC/19/065	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received from Mr Tom Bailey and Mr Ket Chudasama.</p> <p>The Chair confirmed that the meeting was quorate.</p>	
PCCC/19/066	<p><b>Report for the Conflict of Interest Panel and Declaration of Interest</b></p> <p>The following declarations were noted:</p> <ul style="list-style-type: none"> <li>• PCCC/19/070 – Primary Care Estates Strategy – All GPs declaration only</li> <li>• PCCC/19/071 – Finance Report - All GPs declaration only</li> <li>• PCCC/19/073 – PCCC Risk Register – All GPs declaration only</li> </ul>	
PCCC/19/067	<p><b>Minutes of the meeting held on Tuesday 25 June 2019</b></p> <p>The minutes of the meeting held on Tuesday 25 June 2019 were agreed as an accurate record, subject to an amendment on page 5, paragraph 1, whereby ‘LMC and CQC’ was corrected to ‘LMC and CCG’.</p>	
PCCC/19/068	<p><b>Matters Arising from &amp; Action Log</b></p> <p>It was agreed that for the September 2019 meeting, Mr Potter and Mr Deane would populate the action log with appropriate timescales.</p> <p>Ms Powell and Ms Whittall joined the meeting.</p> <p>The action log was received and updated and would be appended to the September 2019 meeting minutes.</p>	

The Primary Care Commissioning Committee

- **NOTED** the action log and updates.

PCCC/19/69

### Primary Care Networks (PCNs)

Mr Potter updated on the progress of PCNs and noted that the focus had shifted from initial configuration to delivery. The first national service requirement delivered by PCNs was extended access. The CCG were assured that PCNs had been delivering extended access services since 1<sup>st</sup> July 2019, in line with the new guidance. Mr Potter explained that focus would be placed on utilising available funding to support appointments to the new roles. The social prescribing link worker roles were due to be advertised imminently and Public Health were providing their expertise to support recruitment, ongoing development, and to facilitate the system linking together. PCNs would also be recruiting for pharmacist leads. Mr Potter stated that the Workforce Group had discussed how to develop a system that would support supply, recruitment, retention and training. It was noted that all providers, including PCNs, would be recruiting from the same LLR employment pool, and if the process was not managed appropriately, there would be a negative impact on system partners.

Mr Potter acknowledged the good progress made by PCNs, with system recognition that PCNs would develop at different speeds. Work was taking place at a Leicester, Leicestershire and Rutland (LLR) level to develop a PCN support plan that would determine how to support the development of PCNs. The first meeting between WLCCG and the PCNs' Accountable Clinical Directors (ACD) was scheduled for 6<sup>th</sup> August 2019.

Dr Sanganee agreed that the West Leicestershire PCNs were in a good position and recruitment for the new roles had commenced.

Dr Virmani advised that 18 people had applied for the 2 PCN pharmacist roles in North West Leicestershire. The LMC had completed an ACD engagement event to ensure delivery and understanding across LLR and planned to hold more events. Mr Potter commented that the LMC events were positive and asked if there was any feedback to help inform the CCG's plans. Dr Virmani clarified that the engagement session was initially a 'meet and greet' and an opportunity for the LMC to offer support.

Considering that PCNs would be working at different paces, Ms Kerr questioned how the CCG would ensure each PCN would be able to deliver national requirements and services by 2023/24. Mr Potter explained that the Primary Care Development Fund would support this, with a meeting taking place in London on 16<sup>th</sup> July 2019 to discuss the way forward. The first step would involve PCNs undertaking a maturity assessment to determine development requirements.

Mr Potter agreed to provide regular verbal updates on the progress of PCNs to the PCCC.

The Primary Care Commissioning Committee:

- **RECEIVED** the verbal update.

**PCCC/19/070 Primary Care Strategy Approval**

It was noted that all GPs had declared a conflict of interest in PCCC/19/070.

Mr Potter presented the Primary Care Strategy, acknowledging the high quality of work completed in a short timescale. He explained that the development of a Primary Care Strategy was a national requirement and NHSE had provided the framework: LLR CCGs worked collaboratively to develop the strategy and a steering group had been established within LLR, led by Mr Tim Sacks, which included representation from key partners around the system. NHSE and system partners had acknowledged that the strategy was a 'plan for a plan', and further engagement would be required to determine how to deliver and shape the Primary Care Strategy going forward.

Dr Hanlon observed that groups, such as the Integrated Care Board, held detailed work-streams that had been integrated into plans across the system, and highlighted that progress should continue to be made on these work-streams, whilst work on a more detailed strategy was underway.

Dr Virmani questioned what NHSE were expecting to achieve from the plan. Dr Virmani stressed the importance of using the most recent data in all Primary Care documents. Mr Potter did not sense that the strategy would inform the budgetary process. Ms Adams and Ms Kerr concurred.

Dr Hanlon thought that NHSE's aim was to make savings and quoted from the document 'the development of primary care networks is going to be based upon savings based upon a new model of commissioning.'

The LLR Primary Care Board was scheduled to meet on 16<sup>th</sup> July 2019. Their main responsibility would be to implement the plan and work through the next stages. Mr Potter suggested feeding comments from the Committee to the commissioning group within that forum, and to have the work-plan associated with the strategy as part of the governance of the Committee.

It was agreed that the Committee would be regularly cited on Primary Care Strategy updates and would receive the minutes from the LLR Primary Care Board meetings.

The Primary Care Commissioning Committee:

- **NOTE** the contents of this strategy and
- **APPROVE** the Leicester, Leicestershire and Rutland 2019/20 - 2023/24 Primary Care Strategy.

**PCCC/19/071 Finance report**

It was noted that all GPs had declared a conflict of interest in PCCC/19/071.

Mr Roberts highlighted that, at the end of June 2019, the primary care budget was overspent by £530k. The forecasted overspend was £1.9m; however, information, such as community based services (CBS) data, was not available to forecast more accurately.

The budget had been impacted by the caretaking arrangement at Thurmaston Health Centre. The CCG had been working closely with the provider to reduce locum costs. Detailed transactions were received monthly and the CCG would continue to monitor these.

The CCG was confident that the prescribing QIPP target of £2.5m would be achieved; however, the report did not include the newly identified cost pressure

relating to the Category M reimbursement price increase, which would start from 1<sup>st</sup> August. The Pharmaceutical Society Negotiating Committee (PSNC) had announced that, across England, pharmacy contractors would receive an additional £15m per month to ensure margins were delivered. The data to begin to understand the implications of the increase would be available from October/November.

Mr Roberts highlighted the issue relating to the QIPP reserves and explained that the budgets were set based on the level of funding required and had resulted in a 'worst-case scenario' total shortfall of £1.48m.

Dr Sanganee questioned whether NHSE would reimburse for No Cheaper Stock Obtainable (NCSO). Mr Roberts explained that the Category M reimbursement price would not be covered under the NCSO reimbursement. It was noted that the scale of the impact was not yet known.

Referring to paragraph 20, Dr Sanganee questioned why the 'percentage of budget spent on primary care' had increased to 12.8%. Mr Roberts explained that £466,007 was the total CCG programme allocation to date, which would be likely to increase as new allocations come in throughout the year.

Mr Potter asked if the PCN development funding would account for the increased percentage of budget spent on primary care. Mr Roberts confirmed that the PCN funding had already been included in the allocation. Mr Potter acknowledged the financial challenge and suggested that the Committee should review the level of risk associated with primary care expenditure on the risk register.

IP

Ms Kerr proposed sending communications to GPs within West Leicestershire about other schemes WLCCG require support with, such as activity demand management, with the aim to prevent inappropriate cuts in primary care. Dr Sanganee felt that the Federation QIPP prescribing target would be unachievable, considering the Category M reimbursement price increase. Mrs Kerr asked if the medicines management team completed the same overview process for dispensing practices as they would for pharmacies. Mr Roberts agreed to seek confirmation.

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The Primary Care Commissioning Committee:

- **RECEIVED** the report
- **NOTED** the contents of the report.

PCCC/19/072

### **Whistleblowing**

Dr McHugh delivered a presentation on Whistleblowing in Primary Care and explained that the term 'speaking up' was being used more frequently, as there were negative connotations with word 'whistleblowing'. The presentation identified reasons why whistleblowing is required in primary care; reasons why people do not whistleblow; information on the laws that relate to whistleblowing; an overview of the 'Freedom to Speak Up' review; the five principles of whistleblowing; and a list of organisations that support whistleblowing within primary care.

Dr Sanganee thanked Dr McHugh for the presentation and said it would be a useful tool for training practice staff. The committee members were not aware who the whistleblowing contact was at WLCCG, but thought it was important for practice staff to be able to contact a Freedom to Speak Up Guardian at WLCCG. Ms Garcha said the Freedom to Speak Up Guardian responsibility fell under the Chief Nurse's remit and suggested practice staff could contact the nursing directorate at WLCCG for advice and support.

Ms Whittall thought it would be useful for WLCCG to have a policy that practices could adopt. Dr McHugh stressed that, whilst a policy was important, achieving the right culture for employees to feel able to speak up was essential.

Ms Kerr commented that there needed to be a clear policy, an identified contact route, and shared data. It was noted that a more structured and collaborative approach was required to ensure themes were identified.

Dr Hanlon said it was rare that concerns would need to be escalated outside of a practice, but that the process was well-tested by the CQC.

The group agreed the following actions:

- Consider whistleblowing as a topic for a primary care learning time event.
- Work on a proportionate WLCCG policy.
- Clarify and communicate who the named person would be at WLCCG and who they would offer to support to.
- Discuss support for locum GPs with the workforce group. Dr Sanganee added that NHSE and GP appraisers also had a responsibility to support locums. Ms Adams suggested there was an opportunity to engage and work with NHSE.

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IP

Mr Potter proposed a baseline exercise to identify what was already in place and where there were the gaps. Ms Adams suggested it would be useful if the piece of work was complete at an LLR level.

IP

Ms Whittall commented that often, when practices experienced a problem with a locum GP, they would simply not invite that GP to work for them again; however, the practice would still have a responsibility to whistleblow their concerns.

Dr Hanlon was of the opinion that the culture within WLCCG general practice was very good.

The Primary Care Commissioning Committee:

- **RECEIVED** and **DISCUSSED** the presentation.

PCCC/19/073

### **PCCC Risk Register**

It was noted that all GPs had declared a conflict of interest in PCCC/19/073.

Mr Potter took the risk register as read and the following actions were identified:

#### PCCC3 (budget and overspend)

- Considering the discussion around the finance report, it was agreed to review the risk score for PCCC3 and update the next steps and mitigations.

IP

#### PCCC10 (extended access outcomes)

- It was agreed that the next steps for risk PCCC10 would be clarified to establish if work on access for Charnwood was in progress.

IP

#### PCCC10a (extended access capacity)

- It was agreed to update risk PCCC10a to reflect the discussion regarding the pace of the primary care strategy.

IP

	<p><u>PCCC12 (GP paper referrals switch off)</u></p> <ul style="list-style-type: none"> <li>In reference to risk PCCC12, Ms Kerr mentioned that she was unable to establish if 6 was an appropriate risk score, as there was no data on the number and percentage of referrals. Mr Potter stated that the mitigations would be updated, and the risk could be removed.</li> </ul>	<b>IP</b>
	<p><u>PCCC14 (influenza vaccination rates)</u></p> <ul style="list-style-type: none"> <li>It was agreed that risk PCCC14 would be removed from the register.</li> </ul>	<b>IP</b>
	<p><u>Primary care workforce</u></p> <p>As discussed at the PCCC meeting on 25<sup>th</sup> June 2019, Mr Potter agreed to add a new risk regarding the WLCCG primary care workforce, due to the number of vacancies</p>	<b>IP</b>
	<p>Ms Adams advised that the risk register would be reviewed in detail in an upcoming PCCC meeting.</p>	<b>GA</b>
	<p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li><b>RECEIVED</b> and <b>DISCUSSED</b> the PCCC risk register.</li> </ul>	
<b>PCCC/19/074</b>	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	
<b>PCCC/19/075</b>	<p><b>Date of Next Meeting</b></p> <p>The next meeting of the Primary Care Commissioning Committee would be held on Tuesday 24<sup>th</sup> September 2019 at 55 Woodgate, Loughborough, LE11 2TZ.</p>	