



WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Commissioning Committee (PCCC), held on Thursday 20 April 2017 at 9.30am in Boardroom, Woodgate, Loughborough

PRESENT:

Ms Gillian Adams	Lay Member (Chair)
Mrs Angela Bright	Chief Operating Officer
Mrs Ruth Brutnall	Head of Corporate Governance (deputising for Mr Ket Chudasama)
Mr Spencer Gay	Chief Finance Officer
Dr Geoff Hanlon	Board GP
Mr Ray Harding	Lay Member
Dr Mike McHugh	Consultant in Public Health
Mr Andrew Roberts	Deputising for Chief Finance Officer
Dr Nil Sanganee	Board GP
Mrs Caroline Trevithick	Chief Nurse/Quality Lead
Dr Chris Trzcinski	Board GP/Clinical Lead

IN ATTENDANCE:

Mr Ian Potter	Deputy Chief Operating Officer
Mr Andrew Roberts	Head of Management Accounts
Mrs Ruth Waddington	Head of General Practice Contracts and Quality
Mrs Melanie Whittall	CQC
Ms Alison Moss	Committee Clerk (minutes)

Item	Discussion	Action
PCCC/17/041	<p>Welcome and Apologies</p> <p>The Chair welcomed all present to the meeting and introduced Ms Melanie Whittall from CQC. Apologies were received from Dr Chris Trzcinski, Fiona Barber, Healthwatch, Dr Chris Hewitt, LMC , Dr Mike McHugh.</p> <p>Ms Adams confirmed that the meeting was quorate.</p> <p>At the request of Mr Gay, Ms Adams agreed that item PCCC/17/047 - Primary Care Financial Plan for 2017/18 be taken in the confidential meeting.</p>	
PCCC/17/042	<p>Report for the Conflict of Interest Panel and Declaration of Interest</p> <p>The following declaration was noted:</p> <p>PCCC/17/045 - GPFV Feedback and Next Steps on the Five Year Forward View - All GPs declaration only.</p> <p>Dr Hanlon considered withdrawing from discussion of the item as it concerned the governance of the programme and he had concerns about the appointment process. Mrs Brutnall advised that it would not constitute a conflict of interest. It was suggested that the matter be referred to Professor Lakhani.</p>	AB
PCCC/17/043	<p>Minutes of the meeting held on Thursday 16 March 2017</p> <p>It was noted that Mrs Bright had sent her apologies. The minutes of the meeting held on Thursday 16 March 2017 were then agreed as an accurate record.</p>	

PCCC/17/044 Matters Arising from Thursday 16 March 2017

It was noted that reports on List Dispersal and PCCC Risk Register had been included on the agenda and therefore the actions were closed.

It was noted that part of the report for the Local Digital Roadmap concerned summary care records and a report on the wider position would be presented in due course.

The Primary Care Commissioning Committee

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

PCCC/17/045 GPFV Feedback and Next Steps on the Five Year Forward View

It was noted that All GPs had declared a conflict of interest.

Mr Potter gave a presentation of on the GP Forward View and the next steps.

The presentation provided an overview of the feedback from NHS England regarding the plan submitted by LLR CCGs to achieve the GP Forward View. The overall result was amber/green. Where the rating was downgraded it was due to the lack of detail. The feedback regarding the infrastructure was rated as amber/red as it was not linked to the overall estate plan. It was noted that the chapter on investment needed more detail and clarity. Mrs Trevithick said that the rating of amber/green was positive and reflected the work undertaken.

The presentation gave an overview of the governance structures; the GP Programme Board would be meeting monthly and was taking a more structured approach. Engagement work had started around the wider plan.

A meeting had been scheduled with NHS England to look at new ways of working and Mr Potter noted that this would be reviewed under the workforce section. Mrs Bright said there was a need to be clear about the interdependencies between the GP Forward View and other programmes in the STP, for example, new models of care.

It was noted that the GP Implementation Group had a very wide brief and that this was the same brief as the Programme Board. It was suggested that the Programme Board should establish task and finish groups to oversee implementation. Dr Hanlon said that he had been reassured that the Programme Board would take a flexible approach.

The IPCSB would review progress in detail and highlight reports presented to PCCC as appropriate.

Mr Potter noted that key improvement required was greater access to GPs and an expansion of multidisciplinary primary care which represented an enormous financial challenge. There was a national commitment to increase investment in primary care but it was yet to be seen how it would translate at a CCG or practice level.

It was noted that there was a national imperative for GPs to work in hubs or similar models of care. It was understood that there would be a reform of the contract. Dr Hanlon thought that it might mean that QOF was included in the core contract or could be delivered by a MCP.

Mr Gay said that the CCG would continue to invest in primary care as the GP contract values were increasing. The financial plan was greater than in the previous year and the CCG was a step ahead in implementing integrated urgent care. He added that the CCG was unable to increase investment further. The financial plan assumed small pots of investment which had been allocated and whilst WLCCG would be spending more than its allocation, there was no ability to increase investment further.

The Primary Care Commissioning Committee

- **NOTED** the presentation.

PCCC/17/046 Summary Care Record

Mrs Waddington noted that members would be sent the presentation and any comments should be directed to her.

RW

PCCC/17/047 Centre Surgery update

Mrs Waddington noted that the APMS contract had commenced on 1 April and that it appeared to be running smoothly. There had been good support from the Hinckley and Bosworth Medical Alliance GPs, some of whom had been delivering sessions from the outset alongside locums, whilst recruitment processes were underway to secure longer term clinical provision. Assurances had been provided that there were currently enough sessions to meet demand and that a further demand and capacity exercise would be undertaken. There had not been any negative feedback from patients to date.

Mrs Bright said that there needed to be a review of lessons learnt in order to inform the approach to supporting the resilience of general practice going forward.

Mr Potter said there was a need to discuss the longer term model of care for the Hinckley and Bosworth area. The process of engagement would start immediately following purdah and the aim was to complete the consultation process by the end of September which would give six months for a procurement process if required. A task group had been established to focus on the engagement process.

The Primary Care Commissioning Committee

- **NOTED** the update.

PCCC/17/048 Committee Risk Register

Mrs Waddington presented the Risk Register.

Dr Sanganee noted two points which referenced NHS England's attendance at meetings and considered it to be a recurring theme. Mrs Bright thought the Committee should consider the value of their attendance and how else to achieve good working relationships as and when the need arose.

Mrs Trevithick said that it was useful for NHS England to attend the confidential meetings and that they could use the conference call facility where they were unable to attend in person. Mrs Brutnall said that the lack of attendance might indicate that there were no concerns about how WLCCG was exercising its governance of co-commissioning.

Dr Sanganee thought that the wording in respect of existing actions for Risk PCCC7 could be revised in light of the discussion.

RW

Mrs Waddington said that different perspectives from NHS England were required dependent upon the nature of the discussion. Its contribution in respect of GP performance and discussion on contract matters would possibly require different attendees, although she suggested that contractual matters could be taken offline for discussion with NHSE colleagues and their perspective could be fed back through her team.

It was agreed to discuss attendance with NHS England and reword the Risk Register.

Mrs Bright asked whether PCC 4 'The CCG does not secure enough interest through a local process to secure provision of urgent caretaking arrangements as required' was specifically referring to Centre Surgery or a more general risk. Mrs Waddington confirmed that it was the latter. Dr Hanlon said that the Federation should have a general view of how each practice is considering its sustainability and the extent of possible contract changes, It was important to link with the Federations regarding those risks.

The Primary Care Commissioning Committee

- **NOTED** the Committee Risk Register.

PCCC/17/049 Primary Care Financial Plan for 2017/18

This item was considered at the confidential meeting.

PCCC/17/050 Any Other Business

Ms Adams reported that the CQC had issued its report on the Cottage Surgery and that the practice had been rated as 'Requires Improvement'

Ms Adams reported that she would be seeking members views on the Committee's effectiveness and an email would be circulated shortly.

PCCC/17/051 Date of Next Meeting

The next meeting of the Primary Care Commissioning Committee would be held on Thursday 18 May 2017 at 9.30am, Woodgate, Loughborough.