

**Minutes of the Primary Care Commissioning Committee (PCCC), held on Thursday 16 March 2017 at 9.30am in Boardroom, Woodgate, Loughborough**

**PRESENT:**

Ms Gillian Adams	Lay Member (Chair)
Mrs Fiona Barber	Healthwatch
Mrs Ruth Brutnall	Head of Corporate Governance (deputising for Mr Ket Chudasama)
Mr Ray Harding	Lay Member
Dr Mike McHugh	Consultant in Public Health
Mr Ian Potter	Deputising for Chief Operating Officer
Mr Andrew Roberts	Deputising for Chief Finance Officer
Dr Nil Sanganee	Non-Board GP
Dr Chris Trzcinski	Board GP/Clinical Lead

**IN ATTENDANCE:**

Dr Anu Rao	LMC
Mrs Ruth Waddington	Head of General Practice Contracts and Quality
Ms Alison Moss	Committee Clerk (minutes)

Item	Discussion	Action
PCCC/17/033	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed all present to the meeting. Apologies were received from Mrs Caroline Trevithick, Dr Geoff Hanlon, Mrs Angela Bright and Ms Melanie Whittall, CQC. Ms Adams confirmed that the meeting was quorate.</p> <p>Ms Adams congratulated Dr Sanganee on his election to the Board and thanked him for his work on PCCC to date.</p>	
PCCC/17/034	<p><b>Report for the Conflict of Interest Panel and Declaration of Interest</b></p> <p>The following declaration was noted</p> <ul style="list-style-type: none"> <li>PCCC/17/038 - General Practice Forward View – all GPs declaration only.</li> </ul>	
PCCC/17/035	<p><b>Minutes of the meeting held on Thursday 16 February 2017</b></p> <p>It was noted that Mr Potter had sent his apologies to the meeting. With that amendment the minutes of the meeting were agreed as an accurate record.</p>	
PCCC/17/036	<p><b>Matters Arising from Thursday 16 February 2017</b></p> <p>Mrs Waddington noted that reports on List Dispersal, Committee Risk Register and PMS/FDR (review of performance) would be presented to the April meeting. It was noted that the action in respect of on-the day access was complete.</p> <p>Mrs Waddington reported that an offer had been made to the preferred bidder for the provision of primary medical services at Centre Surgery. The mobilisation process had been commenced and the new service was on track to go live on 1 April. The Chair thanked Mrs Waddington and those involved for the hard work.</p> <p>Mr Potter proposed that an action in respect of the rollout of community based services be added to the log. He reported that the action had been completed.</p>	

Mr Roberts advised that he was preparing a report for the next meeting on the GMS contract finances. Mr Potter said that last year the CCG had visited each practice to discuss their individual circumstances relating to their contract finances. This had been useful and the plan was to do the same in April/May.

The Primary Care Commissioning Committee

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

**PCCC/17/037**

### **Committee Risk Register**

Mrs Waddington noted that the action to refine the risks regarding practices in crisis and replacement services was yet to be completed. There were no further concerns to be added to the Register.

**PCCC/17/038**

### **General Practice Forward View**

Mr Potter gave a presentation on the General Practice 5 Year Forward View (GPFV) published in April 2016. This set out NHS England's commitment to strengthen general practice. The LLR-wide plan to implement the GP Forward View had been submitted to the Board earlier in the week.

Work was underway to review the leadership and governance arrangements. The proposal was for the GP Programme Board to meet monthly and for there to be full engagement with GPs three times a year which would be supported by a Project Support Officer.

Mr Potter outlined an initial structure to demonstrate the respective roles of the Primary Care Commissioning Committee and Integrated Primary and Community Services Programme Board. It was noted that the IPCSPB was not formally a sub-group of PCCC and that the Committee would need to delegate specific areas of work and maintain an oversight of progress.

Dr Trzcinski said that the proposed split of work was fine. He was cautious as he felt that the CCG was good at producing plans but less so at implementation. He said that there was a need for someone at director level to lead on the work on a full time basis.

Mrs Barber said she was disappointed with the presentation to Board and felt that there had been insufficient thought behind the importance and impact of the GP Forward View. She felt that answers to the questions lacked depth and that it was a lost opportunity. She agreed that strong leadership was needed. She was concerned that a lot of actions were for 2017 and wondered if the plan was realistic as a result. She added that the plan, as presented, was a lost opportunity to see patients as part of the solution.

Dr Sanganee said he was worried if there were concerns about leadership as it was fundamental. He asked what the issues were and whether this might be due to this being a new area of work. It was noted that there were concerns about capacity and timescales. The intention was for existing staff to take on the additional responsibilities. Tim Sacks was named as the Senior Responsible Officer in addition to his full time role in ELRCCG. Concerns were expressed whether anyone with a full time job could also lead on this piece of work.

Mr Potter said that discussion was being held at SLT regarding responsibilities and capacity for leading on the STP and there would be further consideration at the CCB. There were elements that were WLCCG-specific and a need for a clear and

credible plan. There had been an initial falter in the production in the plan and WLCCG needed confidence that the LLR-wide issues would be taken forward. Mrs Brutnall said the GP Forward View was part of the STP and that any of the SROs would experience the same problem with time and capacity. SLT would need to address that and reprioritise work to free up capacity.

Dr McHugh expressed concern that all the work was about increasing access to GPs and ramping up service provision in primary care. This, he felt, created more demand. There was a need to focus on self-care. The danger was the NHS was heading towards more of a medical model.

Mr Potter said that these views would be fed into the Programme Board.

Ms Adams said that PPGs provided good channels of communication and engagement for this work.

Mr Potter agreed that the GP Forward View was a plank of the STP and that the patients' perspective and the need for self-care should be highlighted.

The Primary Care Commissioning Committee

- **NOTED** the presentation.

PCCC/17/039

### **Any Other Business**

#### Quorn Practice

Ms Adams reported that Quorn Practice had achieved a rating of Outstanding from the CQC and that as chair of PCCC and Quality and performance Committee had written to the practice to congratulate them of the work. Mrs Waddington said she was working with the practice to undertake some proactive communication to stakeholders and the public. Dr Sanganee asked how the learning would be shared. Dr Trzcinski said that they had been commended for their triage and appointment system; he said that his own practice had been interested in adopting the same system but that it would require all partners to be fully committed. It was noted that the Quorn Practice also had a strong PPG.

#### Releasing Time for Care

Mr Potter noted that one other element of the GP Forward View was 'releasing time for care'. A learning event had been held on 9 February with NHS England which had been well supported. There was an offer from NHS England to support those practices that wanted to take the programme further. The event had outlined the ten high impact actions that could be taken by practices, such as, active signposting.

#### Community Nurses

Dr Rao asked whether there had been changes in the commissioning of community nurses including night nursing. Dr Trzcinski said that there had been a change with regard to community nurses and night nursing with a revised management structures. Further information would be disseminated at locality meetings.

Dr McHugh said that there had been a change to the health visiting service, which had been under local authority control for the past five years. The services had been recommissioned with a new contract starting on 1 April. This would involve closer working between health visitors, community nurses and school nurses.

**PCCC/17/040**

**Date of Next Meeting**

The next meeting of the Primary Care Commissioning Committee would be held on Thursday 20 April 2017 at 9.30am, Woodgate, Loughborough.