



WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Commissioning Committee (PCCC), held on Tuesday 10 July 2018 at 9.00 am in Boardroom, Woodgate, Loughborough

PRESENT:

Ms Gillian Adams	Chair, Lay Member
Mr Ket Chudasama	Director of Performance and Corporate Affairs
Dr Geoff Hanlon	Board GP/Clinical Lead
Mr Ray Harding	Lay Member
Dr Mike McHugh	Public Health Representative
Mr Ian Potter	Director of Primary Care
Mr Spencer Gay	Chief Financial Officer
Dr Chris Trzcinski	Board GP/Clinical Lead
Dr Virmani	LMC

IN ATTENDANCE:

Ms Louise Guss	Interim Head of Corporate Governance
Ms Pat Ford	Deputising for the Chief Nurse & Quality Lead
Ms Laura Norton	Head of General Practice Contracts
Ms Alison Moss	Committee Clerk
Ms Stephanie Neal	Corporate Affairs Assistant (minutes)

Item	Discussion	Action
PCCC/18/040	<p>Welcome and Apologies</p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received from Melanie Whittal (CQC), Caroline Trevithick, Dr Sanganee and Simon Fogell.</p> <p>The Chair confirmed that the meeting was quorate.</p>	
PCCC/18/041	<p>Report for the Conflict of Interest Panel and Declaration of Interest</p> <p>The following declarations were noted:</p> <ul style="list-style-type: none"> • PCC/18/044 - List Dispersal Discretionary Payment Policy - All GPs declaration only • PCCC/18/045 Wound Management and Dressings in General Practice - All GPs declaration only 	
PCCC/18/042	<p>Minutes of the meeting held on Tuesday 12 June 2018</p> <p>The Minutes of the meeting held on Tuesday 12 June 2018 were agreed as an accurate record.</p> <p>In relation to the Options Appraisal for Repeat Prescription Review presented by Ms Stead at the previous PCCC meeting, Mr Potter commented that Ms Stead attended the PPG network meeting on Thursday 21st June and the paper was well received by the attendees.</p>	
PCCC/18/043	<p>Matters Arising from Tuesday 12 June 2018 & Action Log</p> <p>Mr Potter commented that the list dispersal policy would be discussed later in the meeting and confirmed that the committee risk register had been updated and</p>	

discussed at CMT. The risk register would be discussed at the Governing Body that afternoon.

Mr Harding asked if funding had been received for the extended access service and Mr Potter confirmed that the CCG had received the funding.

The Primary Care Commissioning Committee

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

PCCC/18/044

List Dispersal Discretionary Payment Policy

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

Ms Norton presented the report and noted that in 2016, once responsibility for commissioning primary care had been delegated from NHS England, the three CCGs met to review the NHSE former policy on discretionary payments to practices following list dispersal to agree a unified approach. The three CCGs submitted their policies to their respective PCCCs after this work for approval. Whilst East and West retained agreed consistent principles, significant changes have been made to the LCCCG policy in the years since. This presented particular difficulties for practices on the border with LCCCG should dispersal be considered and could present a financial risk.

Ms Norton outlined three key differences between the WLCCG and LCCCG policy;

- LCCCG paid £10 per patient (£15 if exceptional) whereas WLCCG paid £5 per patient (£10 if exceptional)
- LCCCG has stopped cross border payments meaning that if patients move from a City practice to a West practice, WLCCG practices would not receive any funds. However, if the situation was reversed, LCCCG practices would be paid the amount per patient listed above by WLCCG.
- LCCCG referenced the non-financial support (such as Medicine Optimisation support or the Health Informatics Service (HIS) support) available to practices but this was not referred to in the WLCCG policy.

Ms Norton confirmed that LCCCG was content with its policy and would not be making any further changes.

Dr Trzcinski stated that the CCG should encourage LCCCG to pay cross border payments. Ms Adams commented that cross border payments in addition to the the difference in the list dispersal payment amounts between the two CCGs needed to be addressed.

Dr Virmani asked what the financial implications would be if the CCG mirrored LCCCG's policy. Ms Norton could not comment on the impact as no list dispersals had occurred in West Leicestershire and the impact would depend on a variety of factors. However, Ms Norton stated that LCCCG managed a list dispersal for a small practice in their area and confirmed that she had requested the cost to LCCCG in relation to this dispersal.

Dr Trzcinski stated that small or single handed practices would be more likely to be dispersed. However, cross border payments were unlikely to be an issue as there are not many West Leicestershire practices on the border with Leicester City. Despite this, there may be issues with City patients moving to West Leicestershire.

Ms Norton mentioned that there had been an increase in cross border issues and the CCG is likely to receive more cross border concerns going forward.

Mr Potter clarified that if City patients came to West Leicestershire, even though it was not stated in the LCCCG policy that cross border payments would be made, discussions could still be had with City in relation to sending funds for patients that had moved across the border. Ms Norton advised of a recent example where a discussion took place between City and West but did not result in funds being provided. Ms Norton stated that discussions may need to take place at a more senior level in order to be successful.

Ms Adams moved the discussion onto the cost differences per patient between City and West policy.

Dr Trzcinski said that the CCG could increase the amount paid per patient but it is unlikely that the CCG would be able to afford this. Mr Gay commented that an evidence base would be needed in order to increase the figure.

With reference to the differences in non-financial support between City and West policy, Ms Norton commented that it would be helpful if this is added into the West list dispersal discretionary payment policy so that practices are informed of the type of support that they can expect.

The Committee agreed for the non-financial support information to be included in the West policy.

Mr Gay noted that he was disappointed that the CCGs did this work together yet a joint policy was not implemented. Mr Harding shared Mr Gay's disappointment and agreed that the three CCGs should be collaborating. Mr Harding asked if this matter could be raised at Commissioning Collaborative Board (CCB) and Dr Trzcinski and Mr Potter agreed.

Mr Chudasama advised that CCB may not provide a solution and questioned the next steps if this was the case. Mr Harding supported the escalation of the policy to CCB.

Ms Adams confirmed that this item would be escalated to CCB to encourage collaborative working across the three CCGs.

The Primary Care Commissioning Committee

- **NOTED** the List Dispersal Discretionary Payment Policy
- **AGREED** that non-financial support be added into WLCCG policy
- **AGREED** that the difference in the level of payments per patient and the difference in cross border agreements would be escalated to CCB

PCCC/18/045

Wound Management & Dressings in General Practice

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

Ms Ford introduced the report which outlined the concerns raised by a Patient Participation Group and a number of practices in West Leicestershire regarding the increasing workload on general practice in relation to wound management and dressings (certain wounds take in excess of 20 minutes to dress appropriately) and the increasing cost of dressings. Ms Ford clarified that GPs should be completing simple dressings and community nurses should be completing complex dressings however there is not always agreement on what wounds were

defined as 'simple' and what were defined as 'complex'. Ms Ford stated that improvements to the wound pathway were made through the Complex Wound Group mobilised by ELRCCG. Ms Ford asked the Committee to review the pathway improvements.

Dr Trzcinski expanded on Ms Ford's presentation and stated that the table in the report which outlined the type of wound managed by each service was developed over a six month period with a wide range of nurses and there was universal agreement with the table contents. However, the table was a separate issue to funding and throughout the discussions it was noted that ELRCCG ordered dressings through a central company rather than practices ordering individually through FP10. WLCCG might wish to look at the cost differences of ordering dressings through a central company and evaluate if the CCG could make financial savings through ordering through this method. Ms Ford agreed to look into this.

PF

Dr Hanlon noted the competency framework and that the service was provided as a matter of contract.

Dr Trzcinski noted that Dr Hanlon had a conflict of interest as Rosebery Surgery was not providing post-operative care and that if practices declined to provide this then patients would not have a service.

Dr Hanlon stated that the payment made to practices was for simple dressings only. However, the Community Based Service stated that if a GP surgery removed a suture then the practice would then be responsible for the wound. This could potentially cost several thousands and was underfunded work which is why practices had a choice of whether or not to take on this work as there was not a commissioned service in place. Dr Hanlon explained that it cost a practice £10,000-12,000 to provide a dressing service but the enhanced service would only provide £1000 towards the total cost and the practice therefore had to pay for the rest. Practices might give notice that they do not want to do this going forward due to the cost implications.

Ms Ford agreed that there was a key funding issue. Dr Trzcinski supported the framework but also noted that funding needed to be reviewed in this area. Mr Gay stated that the CCG needed to confirm how the wound pathway was currently funded and that he and Mr Potter would bring further information back to the Committee.

SG/IP

Ms Adams clarified that the Committee agreed with the pathway improvements but the funding concerns needed to come back to the Committee for a further discussion.

PF

The Primary Care Commissioning Committee

- **AGREED** the Wound Management & Dressings pathway improvement across LLR

Ms Ford left the room at this point.

PCCC/18/046

Any Other Business

Keeping the Same GP

Mr Potter introduced the article published by The Guardian (https://amp.theguardian.com/science/2018/jun/29/keeping-the-same-doctor-reduces-death-risk-study-finds?_twitter_impression=true) and asked if there was

anything to be learnt and taken forward.

Dr Trzcinski confirmed that continuity of care was key and was good for general practice. However, problems occurred as many GPs and hospital based doctors worked part time and the idea of looking after patients from “cradle to grave” was not always possible.

Ms Adams asked if this was something that could be built into commissioning. Ms Norton commented that the next step would be to stop locums and make them all salaried doctors. Ms Adams agreed that this was a workforce issue and if transferred locums were salaried partners then it would be a better system.

Mr Potter advised that this would be taken forward through integrated care.

Dr Trzcinski referenced the Kings Fund paper which looked at a number of examples and how the team around a GP dealt with the more simple patient concerns and the GP dealt with patients with complex/multiple illness to establish continuity of care. Dr Trzcinski noted that this could cause more stress to GPs if they were responsible for managing complex patients all the time.

Dr McHugh agreed with Dr Trzcinski and stated that the whole system was fragmented and a national cultural change was needed. Dr Virmani commented that smaller practices were better placed to provide continuity of care and gave the example of a large practice in Melton where every doctor managed the care of a set list of patients.

Press Release: Regarding QOF

The Committee received the press release which discussed the potential changes to the current GP Contract. The paper invited feedback on the outcomes of the Review of the Quality and Outcomes Framework and on the proposals for the potential payment reform to reflect emerging digital models of primary care. Both documents would feed into the NHSE and BMA General Practitioners Committee discussions concerning next year’s GP contract.

Mr Potter informed members of the Committee that the deadline to provide any feedback was Friday 31st August 2018.

PCCC/18/047 NWL Federation GP Resilience Programme Progress Update

The report on NWL Federation GP Resilience Programme Progress Update was received for information.

PCCC/18/048 GPFV Update

The report on GPFV Update was received for information.

PCC/18/049 Date of Next Meeting

The next meeting of the Primary Care Commissioning Committee would be agreed virtually and would be held at Woodgate, Loughborough.