

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE
Thursday, 15 November 2018 09:30 hours
Botcherby Community Centre, Carlisle**

Present

(Voting Members):

Jon Rush	CCG Governing Body Chair (Chair) (JR)
David Rogers	CCG Accountable Officer (DR)
Denise Leslie	Lay Member, Public & Patient Engagement (DL)
Charles Welbourn	Chief Finance Officer CCG (CW)

In Attendance

(Non-Voting):

Mark Alban	LMC Rep (MA)
Sue Gallagher	Patient Participation Group Rep (SG)
Andrew Gosling	Primary Care Commissioner CCG (AG)
Ann-Marie Grady	Primary Care & ICC Devt Manager (AMG)
Helen Horne	Healthwatch (HH)
Jen Park	Primary Care & ICC Senior Administrator
Colin Patterson	Clinical Lead Primary Care & ICC Devt CCG (CP)
Kay Wilson	Primary Care Business Manager NHSE (KW)

PCCC 66/18. AGENDA ITEM 01: Welcome & Apologies

JR welcomed the Committee. Apologies were received from: Carole Green - Lay Member Quality & Performance, Alan Edwards – ICC GP Leads, Niall McGreevy - ICC GP Lead, Peter Thornton - Cumbria County Council, Caroline Rea – Director of Primary Care & ICC Development (CR) and Peter Higgins – LMC.

PCCC 67/18. AGENDA ITEM 02: Declarations of Interest

JR reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Any declarations made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The register is available either via the secretary to the Governing Body or the CCG website at the following link <http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/declarations-of-interest-register---2016-17-final-version.pdf>

Declarations of interest from today's meeting

Declarations of interest were received from CP & MA on agenda item 6 - Extended Access and agenda item 7 – approval of schemes in Primary Care as they are practicing GP’s and may be financially affected. JR decided that CP and MA could be present and partake in any discussion that unfolded.

There were no declarations further of interest received.

PCCC 68/18. AGENDA ITEM 03: Minutes and Action of meetings held on:

20 September 2018

The minutes were agreed as an accurate record.

2 October 2018

Agenda Item 3: Practice List Closure Application, paragraph 3 to be amended to read:

Discussion took place around comments received by neighbouring practices. No comments had been *received* from the Local Medical Committee at this time but they had been informed.

The minutes were then agreed as an accurate record.

18 October 2018

The minutes were agreed as an accurate record.

The following comments were received on the action log:

17/017	AG advised that a practice nurse would be in post by January 2019.
17/024	Action complete
17/025	Action complete
17/026	Action complete

PCCC 69/18. AGENDA ITEM 04: Matters Arising

There were no matters arising.

PCCC 70/18. AGENDA ITEM 05: Questions from members of the public present

No questions had been received prior to the meeting and none were raised during the meeting.

PCCC 71/18. AGENDA ITEM 06: List Closure Application: Copeland

KW presented the paper advising it was to provide information to the Committee regarding the proposals submitted by the Copeland practices for the management of the registered patient lists.

Following the unsuccessful application by Queen Street Medical Practice in October 2018, the practices in Copeland were asked to work together to design a joint proposal for the management of the practices' list of registered patients.

KW advised that this work had initially produced two proposals:

- i. A joint application from all practices within Copeland to close the list to all new patients.
- ii. A joint agreement whereby practices would continue to register patients new to the Copeland area, whilst existing patients who are already registered with a practice in the area but who wish to change practices, would be allocated by NHS England to a new practice.

KW advised that the practices preferred option was option 2.

KW informed the Committee that following discussion between NHS England and the CCG another option was identified that complement (i) & (ii) above:

- iii. To write to patients previously registered with Whitehaven Medical Centre (WMC) and request that, where possible, patients remain with the GP practice they are currently registered with for a further three months.

The following key risks were discussed:

- Patient choice;
- Allocation process;
- WMC patients being treated differently to those already at the practices;
- Patient engagement.

As Queen Street Medical Practice had a closed list application rejected in October 2018 they would be prohibited from applying again within 12 months unless there was a significant change in circumstances. In this case if all other practices in Copeland were to have their list closures approved this would count as a significant change and therefore would allow the practice to again be considered for a list closure.

Discussion took place around the fragility of general practice in Copeland and that any potential future action was crucial to communicate to the patients/public.

Action: A further Committee meeting to be arranged to formally consider any possible list closure applications.

PCCC 72/18. **AGENDA ITEM 07: Approval of Schemes in Primary Care**

7.1. GPFV Funding Proposal

AMG advised that the purpose of the report was to provide the Committee with information on schemes being supported through non-recurrent GPFV funding.

AMG informed the Committee that non-recurrent GPFV funding has been identified

“to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of General Practice”.

A total of £448,000 is available across ICCs (to allocated based upon registered list size). ICCs have been asked to develop proposals.

Discussion took place around the suggested schemes and what each entails with no changes raised regarding the detail of each scheme.

Proposed by CW
Seconded by DR
All in favour

Resolved: The Committee approved the proposals.

7.2. Approval of Gainshare Funding Proposals

AMG presented the paper advising that it was to request approval from the Committee for proposed schemes where support will be provided through non-recurrent ‘Gainshare’ funding.

AMG advised that ICCs ‘earned’ Gainshare funding through savings on prescribing and direct access radiology and pathology budgets in 2016/17. Funded is intended for ICC based schemes which improve patient care and support ICC objectives.

Proposals were received from:

- Brampton & Longtown
- Carlisle Healthcare
- Eden
- Keswick & Solway

Discussion took place around the schemes and what the money would be used for with no changes raised regarding the detail of each scheme.

Proposed by CW
Seconded by DR
All in favour

Resolved: The Committee approved the proposals.

7.3. Notification of change of use of ICC primary Care Transformation Money

AMG advised the purpose of the paper was to inform the Committee of a proposed change to the Cockermouth & Maryport ICC ‘primary care transformation’ scheme.

Discussion took place around the proposed change to support the development of a

nurse team to provide acute home visits and support frailty assessment / review / care planning.

Resolved: The Committee noted the update

7.4. Gain Share 2018/19

DR presented the paper advising that the CCG agreed a 'Gainshare' arrangement for the past two financial years whereby a proportion of any saving from reductions in prescribing and direct access diagnostics costs would be reinvested to pump prime changes in services, in line with 'healthcare for the future' during 2017/18.

The purpose of the report is to see approval for a similar arrangement for 2018/19 for practices working together within ICCs. Albeit it was noted that this is a retrospective approval.

DR gave an explanation of the Gainshare arrangements, advising that the scheme provides funding for ICC practices based on 40% of savings being retained for reinvestment in local priorities and 60% being retained by the CCG.

DR advised that following the first year of the scheme nearly £500,000 was reinvested, whilst following the second year no funds would be distributed.

The Committee was asked to formally support the continuation of the scheme in its current form for 2018/19.

Proposed by DR
Seconded by DL
All in favour

Resolved: The Committee approved the ICC gain share agreement for 2018/19.

PCCC 73/18. **AGENDA ITEM 08: Any other business**

There were no other items of business.

PCCC 74/18. **AGENDA ITEM 10: Date and time of next meeting approved:**

Thursday 17 January 2019, 14:30 hours, St Michaels Church, Workington

The meeting closed at 11:14hrs

**NHS NORTHCUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE**
Thursday, 13 December 2018 15:00 hours
Ann Burrow Thomas HC, Workington / Conf Call

Present

(Voting Members):	Jon Rush	CCG Governing Body Chair (Chair) (JR)
	Carole Green	Lay Member, Quality & Performance (CG)
	David Rogers	CCG Accountable Officer (DR)
	Denise Leslie	Lay Member, Public & Patient Engagement (DL)
	Caroline Rea	Dir of Primary Care & ICC Development (CR)

In Attendance
(Non-Voting):

Sue Gallagher	Patient Participation Group Rep (SG)
Andrew Gosling	Primary Care Commissioner CCG (AG)
Niall McGreevy	ICC GP Lead (NM)
Kay Wilson	Primary Care Business Manager NHSE (KW)

PCCC 75/18. **AGENDA ITEM 01: Welcome & Apologies**

JR welcomed the Committee. Apologies were received from: Alan Edwards – ICC GP Leads, Patricia Bell - Cumbria County Council, Charles Welbourn - Chief Finance Officer CCG, Helen Horne - Healthwatch, Colin Patterson - Clinical Lead Primary Care & ICC Devt CCG, Peter Higgins – LMC, Mark Alban – LMC and Jen Park - Primary Care & ICC Senior Administrator.

PCCC 76/18. **AGENDA ITEM 02: Declarations of Interest**

JR reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Any declarations made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The register is available either via the secretary to the Governing Body or the CCG website at the following link <http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/declarations-of-interest-register---2016-17-final-version.pdf>

Declarations of interest from today's meeting

There were no declarations of interest received.

PCCC 77/18. **AGENDA ITEM 03: List Closure Application: Copeland**

KW advised that the purpose of the paper was to provide information to the Committee in order for a decision to be reached on applications received from Copeland Medical Practices in relation to temporary closure of their patient lists and to agree the process for any allocation of patients to affected practices.

At the Committee on 15 November 2018, two proposals were discussed about the practices in Copeland applying for a temporary list closure.

- i. A joint application from all practices within Copeland to close the list to all new patients.
- ii. A joint agreement whereby practices would continue to register patients new to the Copeland area, whilst existing patients who are already registered with a practice in the area, but who wish to change practices, would be allocated by NHS England to a new practice.

A further option was also proposed to potentially support (i) & (ii) above, namely:

- iii. To write to the patients previously registered with Whitehaven medical Practices and request that, where possible, patients remain with the GP practice they are currently registered for a further three month period.

Following the formal application from all Copeland practices for a temporary list closure, KW presented a paper setting out the background details and outlining the proposals.

The Committee considered comments submitted by the Local Medical Committee (LMC) and noted that the comments were largely supportive of the practice application.

DR made the following initial comments:

- NHS England would not actually be involved in the allocation process until any appeal was received.
- He felt a 3 month list closure would not provide any meaningful benefit to practices.
- He felt that the definition of "immediate family member" should be tightened.

The Committee then considered the key issues in turn:

Application from Practices

The Committee acknowledged the application from practices in relation to the intended closure of their lists and felt the paper was worthy of review.

Inclusion of Queen Street Medical Practice in the Process

Queen Street had an application for a list closure rejected by the Committee within the previous three months. However, it was acknowledged that the practice should be included alongside the other Copeland practices as part of this application on the basis that an approved list closure for other Copeland practices would constitute a

"significant change in the local area. CR and DR supported the inclusion of Queen Street in the discussion with no dissenting voices from other members of the Committee.

Length of List Closure

DR noted that the granting of a list closure to 31 July 2019 would coincide with the 12 month anniversary of the closure of Whitehaven Medical Centre (WMC).

CR expressed a preference for any practice list closure to reopen prior to the conclusion of the Copeland Practice procurement process. This indicated a likely preference for option 2 of the paper - a list closure for a period of between 3 and 9 months. Agreement that it should link in with the 12 month anniversary of WNC closure.

It was explained to the Committee that the roll of undertaking the allocation process will be undertaken by the CCG. The anticipation is that the numbers applying for reallocation will be modest.

A definition of "immediate family member" was included in the paper but DR felt this was too general. The Committee agreed that members outlined within the paper should have a tighter definition e.g. son and daughter to be noted as under 18. An appeals process would exist at which point NHS England would become involved. The Committee acknowledged that the CCG allocation was to be a subjective process. However, NM suggested that the "considerations" outlined in the paper would be helped if they each had an associated weighting.

Consistent Message to Patients

The Committee supported the proposed communication approach outlined in the paper.

Former Whitehaven Medical Practice Patients

The Committee supported the planned approach and intended content of the letter to former patients of Whitehaven Medical Practice. This should be for a period of up to 31 July 2019 to link into length of proposed list closure.

Proposed by DR

Seconded by CR

Resolved: The Committee noted the information and approved the proposal unanimously.

The Committee:

- Noted the inclusion of the Queen Medical Practice application;
- Approved the lists to be closed until 31 July 2019;

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- Endorsed the proposed patient pathway / allocation criteria.

Action: JR to sign letter saying you can have a closed list

Action: CR to send a follow up letter as to expectations of practice in supporting and implementing the decision.

Action: KW and Andrea Loudon to liaise with the CCG communications team and messages distributed to patients and stakeholders.

Action: The allocation "considerations" should be allocated a weighting - KW.

Action: During the meeting the following was finalised

"Immediate Family Member" definitions:

DR alongside NM provided clarification as to revised wording and definition to be associated with the term "immediate family member". The Committee acknowledged and agreed the amended definition and KW noted the revised definition.

PCCC 78/18. **AGENDA ITEM 04: Any other business**

There were no other items of business.

PCCC 79/18. **AGENDA ITEM 05: Date and time of next meeting approved:**

Thursday 17 January 2019, 14:30 hours, St Michaels Church, Workington

The meeting closed at 16:15hrs

Primary Care Clinical Commissioning Committee Action Log					
ACTION REFERENCE	MINUTE REFERENCE	ACTION	OWNER	TARGET DATE	STATUS
17/017	PCCC 4/18	AGENDA ITEM 04: Matters Arising AG to progress a primary care nurse being identified to sit on the Committee July Update - CR advised that Practice Nurse leadership roles are being advertised in the next few weeks and that the job description includes sitting on the Committee.	Andrew Gosling / Caroline Rea	19 July 2018	
17/027	PCCC 77/18	AGENDA ITEM 03: List Closure Application: Copeland JR to write to practice with outcome of application.	Jon Rush	17 January 2019	
17/028	PCCC 77/18	AGENDA ITEM 03: List Closure Application: Copeland CR to send a follow up letter as to expectations of practice in supporting and implementing the decision.	Caroline Rea	17 January 2019	
17/029	PCCC 77/18	AGENDA ITEM 03: List Closure Application: Copeland KW and Andrea Loudon to liaise with CCG communications team and messages distributed to patients and stakeholders	Kay Wilson	17 January 2019	
17/030	PCCC 77/18	AGENDA ITEM 03: List Closure Application: Copeland The allocation "considerations" should be allocated weighting	Kay Wilson	17 January 2019	