NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Minutes of the NHS England and Cambridgeshire & Peterborough CCG Primary Care Commissioning Committee Meeting in Public held on Tuesday 12 February 2019 in the Cedar Room, Lockton House, Cambridge

Present: Nikki Pasek, Chair, CCG
Brian Ashton, Lay Member, CCG
Louise Mitchell, Chief Operating Officer, CCG
Robert Murphy, Acting Director of Planned & Primary Care, CCG
Dr Mark Sanderson, Medical Director

In Attendance: Alice Benton, Associate Director, CCG
Sharon Fox, Associate Director & CCG Secretary
Dr Gary Howsam, GB Chair and Chief Clinical Officer, CCG
Gemma Keats, Corporate Governance Administrator, CCG
Wanda Kerr, Deputy Chief Finance Officer, CCG
Elaine Overend, Executive Assistant, CCG
Fleur Seekins, Clinical Quality Nurse Lead – Primary, CCG
Diane Siddle, Contracts Manager, NHS England
Sandie Smith, Chief Executive Officer, Healthwatch
Dr Guy Watkins, Cambridgeshire Local Medical Committee

Agenda Item 1 – General Issues

PC18/222 Welcome and Introductions

Nikki Pasek, Chair welcomed everyone to the meeting and introductions were made round the table.

The Chair took the opportunity to note the passing of Stuart Smith from NHS England who had been attending these meetings and passed on her condolences to his family. On behalf of the Committee, the Chair acknowledged and was grateful for all of Stuart's work to support the Committee.

PC18/223 Apologies for Absence

Apologies for absence were received from Jan Thomas, Louis Kamfer and Carol Anderson.

PC18/224 Declarations of Interest

Dr Gary Howsam declared that he was a partner of the Octagon Medical Practice in Peterborough.

PC18/225 Notification of Any Other Business

There was no notification of Any Other Business.

PC18/226 Minutes of the Last Meeting

The minutes of the Committee meeting held on Tuesday 8 January 2019 were **agreed** as an accurate record, subject to the amendments in italics:

Diane Siddle was in attendance at the meeting.

Minute PC18/217, paragraph 9 '…He asked if there were any gaps. ~~*Dr Guy Watkins advised that in terms of the outer practice boundary, Octagon would pick up a third from Peterborough. Rob Murphy advised that the practice could decide on things like area*~~.'

Minute PC18/219, paragraph 6, 'Dr Gary Howsam *commented that* the Governing Body could decide to use its *total* allocation how they saw fit.'

Minute PC18/219, paragraph 6 '…Dr Gary Howsam commented on expenditure for 2018/19 for the Transformation Fund and asked if the Committee could receive a paper on *where the CCG had made investments and what they were.'*

PC18/227 Matters Arising

PC18/227/01 Action List

The Committee **noted** the actions that had been undertaken and those that were in progress, completed or closed. The Action List was updated and is appended to the minutes.

Octagon, Thomas Walker and Bretton Merger Application – the Committee noted that this was discussed at the Primary Care Overview Group and the actions had been completed. Sandie Smith advised that Healthwatch was not invited to the last meeting but there was a meeting scheduled next week. There was an action at the last meeting Carol Anderson to sign off the approach. Sandie Smith said she would be meeting with Carol Anderson that day.

PC18/227/02 Maple APMS Procurement – Chairman's action

The Committee **formally noted** that the Contract Award for the Maple APMS Procurement was approved by Chairman's Action.

PC18/228 GP Contract Changes

The Committee received a presentation summarising the changes to the GP Contract which had recently been published. Dr Mark Sanderson highlighted the development of Primary Care Networks (PCNs) and that further guidance was anticipated. The contractual framework had been developed for the next five years to bring resources together in primary care and to also support delivery of the NHS Long Term Plan. There were a number of areas of focus, in terms of workforce and indemnity and then changes to Quality Outcomes Framework (QOF). The new arrangements in relation to indemnity would be welcomed by GPs as GPs have had to fund this themselves in the past. This would be paid for nationally in future. In

terms of the changes to QOF, the Direct Enhanced Service (DES) was the bolt on to the GMS contract. There had been a lot of talk to get practices to work together and they had been for a number of years with federations coming on stream. This was not about merger but about working together and there were lots of examples around the country. It was noted that GPs would work in a DES, typically in a 30k population and the CCG would agree the local area the geographies. Dr Mark Sanderson advised that there was also a digital focus to the proposals, which was about enhancing the digital offer to primary care. There were national service specifications with around seven areas to develop clinical services and then aligned to patient population. He concluded that this was a new approach and there would be lots of discussion. It marked a change from practices having contracts to practices working together with patient populations of 30-50k in size.

The Committee discussed the presentation. Alice Benton commented on the joining up of urgent care as a result of this contract which would bring investment to improve access at a network level. There was also an increased digital emphasis with NHS 111 being able to book appointments directly for patients. There was an additional piece around the impact fund about how the networks were delivering. Turning to the last slide, and the expectations around early provision of baseline information and facilitating PCNs coming together and registration and support in kind through secondments etc. The Chair asked if there was any flexibility in the new contract. Rob Murphy advised that the national contract was the largest proportion of the contract and there was a clear steer towards some key actions and would be quite prescriptive. It was noted that there would be a lot of financial constraints and the CCG did not have its control total yet, therefore until then, the CCG could not say what was in the core contract and then the remaining CCG budget to compliment that. It was aligned to the local investment plan.

Wanda Kerr advised that the guidance was not sufficiently detailed to put together a robust financial plan yet. She had contacted NHS England advised there were awaiting further guidance. Sharon Fox advised that the CCG was already providing a Data Protection service to Member Practices. Dr Katie Brammal-Stainer, attending in the public gallery highlighted an error in the paper that the appointments for NHS 111 should read 1 appointment per 3000. Sandie Smith advised that the digital offer was part of the wider offer and Healthwatch would work with the CCG on the engagement around this. She was concerned it would not join up with the voluntary sector offer. Rob Murphy advised that part of this contract meant practices would crack on with the social prescribing and the way practices might not be the same as the voluntary sector but there was a need to think about how to link this together.

Dr Guy Watkins commented on delegated commissioning and that the CCG was to manage this contract. He said one of the problems with the national contract was that it was national. It said the same thing but meant something different in different areas. Therefore, this disrupted what was planned. He commented on CCG's Quality Engagement Framework (QEF) and existing Local Enhanced Services (LES) services and the issues this could cause. Looking at the formation of networks, the new network definition would challenge what already existed. They existed on the basis of practice application and the request could only come from the practice.

There was a need to secure support of the Cambridgeshire and Peterborough Sustainability and Transformation Programme (STP) when they applied but this came last which did not fit. There would be a tension within the county as the process progressed. Dr Guy Watkins advised that the Local Medical Committee wanted to try to align in a sensible way. In terms of the application window for May 2019, this might be a short window to get this done. Dr Guy Watkins said he thought it was ambitious to have the QEF ready by July/August 2019. These organisations would come into place in July 2019 and there was a need for a lead employer but they would need time to develop and embed.

Dr Mark Sanderson thanked everyone for their comments. He said the STP was a vision to create integrated neighbourhoods and he expected the CCG to be the lead for Primary Care Networks with a supported practice approach. He advised the Committee that he had drafted a letter to go to member practices. Alice Benton advised the Committee that there had been already been three applications but there was an iterative process and they would all be approved together. Dr Guy Watkins said there was a concern that there were some groups of practices with proposals already. He said it was important that the early applications did not perceive support from the CCG or look to be supported by the CCG. Rob Murphy said there was a significant amount of change dictated nationally and locally there was a lot of work to be done to understand the implications and the potential solutions.

The Committee **noted** the presentation.

PC18/229 GP Forward View Update

The Committee received the GP Forward View Update paper. Rob Murphy presented the paper and advised the Committee that there had been greater progress on the Wisbech Local Urgent Care Hub with more activity going through that route. There was further discussion taking place about the Doddington Local Urgent Care Hub. Turning to Primary Care at Scale, groups were working together on their business models and there was an event to bring them together to share learning. Two were getting close to complete their application for merger. In terms of Improved Access, there was emphasis on setting up the functionality for Direct Booking into Improved Access slots from NHS 111 in Cambridgeshire and West Cambridgeshire. Both services were in the process of adding phlebotomy and cervical cytology appointments at the hubs. Rob Murphy advised that there had been good feedback from NHS England at the Checkpoint meeting on workforce but further work was required to attract GPs to the area. Rob Murphy advised that the paper gave an overview of estates and the emphasis on this with four schemes progressing to the next stage. There was an update on capital investment oversight, funding and investment going forward and how this would be aligned as the networks emerged.

The Committee discussed the paper. Dr Guy Watkins thanked Rob Murphy for the useful paper. He said the Five Year Forward View streams had been given more time with a refocus. He commented on the vulnerabilities and more merger things that were on the way. He advised that the applications for networks could only come from practices and if a practice ceased to exist, the network would change. Practice merger requests would continue

after May 2019. Rob Murphy commented on estates work and planning for growth and that there needed to be the right fluidity to able to change networks. Dr Mark Sanderson advised that practices could merge with those not in their geography and there needed to be discussion about how this would affect theo patient geography.

Sandie Smith referred to the Ely Local Urgent Care Services (LUCS) and that 88 out of 115 calls avoided A&E attendance. She asked if there were plans to replicate this role to other LUCS. Alice Benton said this was the intention. Sandie Smith asked about Improved Access and uptake and whether there was any feedback on how patients were using it. She also asked about infrastructure and Doctorlink and whether there was any directional support to use text and email more. There were so many conversations about technology, but patients don't even get letters by email. Dr Guy Watkins advised that advice from the LMC was not to use email for letters due to security issues and that text messaging was perceived to be more secure. For patients to receive letters electronically, patients would need to be able to log into the practice system with a user name and password to view hospital correspondence about themselves, for example.

Dr Guy Watkins commented on the 88 out of 115 calls from NHS 111 that were redirected to A&E and that this was a better disposition through the Ely LUCS. Louise Mitchell said this was the outcome of GP calls that were signposted into the Ely LUCS and so avoiding A&E. She agreed to check the wording of the report. Brian Ashton commented on the behaviour of the call handler. Dr Guy Watkins said this was algorithm driven and the GP gave the clinical experience/discretion. Rob Murphy added that the algorithms were set nationally and were quite risk averse. He said work was being done to work with services to ensure that not all patients ended up in A&E.

The Committee **noted** the report.

PC18/230 Month 9 Finance Report

The Committee received the Month 9 Primary Care Finance Report and Wanda Kerr gave a presentation. She advised the Committee that the CCG year to date position was a net underspend due to re-phasing expenditure. There was a forecast overspend of £5k overspend and it was important to note that a credit of £1.5m had been put in to get to this position. Work was underway to look at what was driving the overspend. Wanda Kerr advised the Committee that the Finance Team had been looking at how the budget was set last year and highlighted that here was an error when the budget was originally set (£1.3m). The Team had looked at the run rate of current expenditure with growth applied. Therefore, there was now an overall overspend due to DDR and cost pressures. The risks and mitigations were set out in the report to offset this position. For Month 11 the CCG would be showing an underspend for primary care and the £1.3m would also be corrected. The Committee was assured that the budget would be set at the correct budget amount for 2019/20.

The Committee discussed the report. Dr Guy Watkins commented that some of the really big financial detail for the new contract had not been provided yet, so the budget setting process was looking more precarious.

He said the CCG's commissioning intentions needed to be more cautious for now until the budget was known. In terms of the networks currently being set up, there would need to be an appetite for doing things slowly until the landscape was clear. Wanda Kerr advised that in terms of Primary Care financial planning, this would set using the context of what was known and would be offset by the overall CCG position. There was also distance from target to be considered using the weighted population and the fair share of funding. When this was added to the CCG funding, it was still under funded.

Turning to delegated commissioning, this moved down to 3.37% by the end of the planning period but there would not be a similar uplift on where the organisation was underfunded. Assumptions had been made on population growth of 0.5% per year but this was below the national average. There were real issues with ONS statistics that did not reflect this area. this had been raised nationally to consider the actual population. It was noted that Cambridgeshire and Peterborough was the third underfunded CCG and the second underfunded STP. There were discussions with NHS England on this. The Committee was advised that the CCG's allocation looked more generous but it still did not fund what was needed. Slide 3 presented a graph to show overall funding for both core and delegated commissioning and once everything had been considered, there was not enough money and there was negative growth. Wanda Kerr advised that work was needed to review everything to see if it was affordable going forward, for example, LUCS. Turning to the last slide, Wanda Kerr advised the Committee of the questions asked of NHS England and noted that the CCG was awaiting confirmation of all funding before it could make decisions based on accurate information.

Sandie Smith commented on conversations with the public on the financial position. She said it was important to ensure there was transparent information on finances for local people to find helpful in order for them to have conversations with their local MPs for example.

The Committee **noted** the year to date Month 9 position and the forecast financial position. The Committee **noted** the risks associated with the forecast and the mitigations available to offset these risks.

PC18/231 Quality Report

The Committee received the Quality Report. The paper was the first quarterly Quality report to the Committee. It focussed on the Safety, Patient Experience and Effectiveness of Services. The paper also provided an update on General Practices rated as 'Inadequate' or 'Requires Improvement' by the Care Quality Commission (CQC) and the steps being taken to support them.

Fleur Seekins presented the report and advised that in terms of patient safety, incident reporting in General Practice was low compared with other providers. The CCG was supporting practices to understand and report where appropriate. Themes shared had been at a practice level so learning events were being arranged to share this across the CCG area. it was noted that Information Governance incident reporting had improved since GDPR was introduced.

Turning to patient experience, Fleur Seekins said she was aware that a small proportion of complaints were dealt with by NHS England. However, most complaints in primary care were dealt with in house and she had received assurance that processes were appropriate. In terms of learning from complaints, those from NHS England only made up 20% of complaints received and it would be good to see the learning across the CCG area.

Fleur Seekins reported that patient survey data reads well with the CCG being at or better than the national average for all elements of the survey. There was lots of work going on with Patient Participation Groups and 82% of practices had a virtual or physical PPG. However, Fleur Seekins said she would like to visit all practices to capture a more accurate picture. Cervical screening was nationally and locally lower than the 80% target. Work was being done to look at how to improve uptake. Fleur Seekins advised that there would be a clear picture on the CQC's approach to reviewing practices working at scale by April 2019. Good and outstanding practices were being scoped out. It was noted that there were currently 7 practices rated as Requires Improvement or Inadequate and the CCG was providing package of support to them. The first of these was Orton Bushfield in Peterborough and a further visit had been undertaken since the initial visit. There was a mock inspection scheduled on 14 February 2019. The approach was currently reactive and the CCG aimed to be more proactive in terms of support in future.

The Committee discussed the report. Dr Guy Watkins thanked Fleur Seekins for the comprehensive report. He referred to 3.1.1 of the report and that practices were mandated to report incidents, but this was not accurate. However, it was important to report them. Dr Guy Watkins said he thought that patient experience being at 20% was an over estimation. He was pleased the patient survey was going well but it had changed so could not be compared year on year. In terms of working at scale, there were regulations of how work at scale in place and work was being done to pilot different ways to demonstrate assurance. Dr Guy Watkins commented on the disappointing results from the CQC Inspections which were geographically linked in Peterborough. He said it was important to keep an eye on this in coming months, particularly with mergers and networks going on and the granular reporting.

Sandie Smith commented that this was a helpful report. She referred to Serious Incidents and that 3 out of 7 were on Mental Health and the Prism service. She said it might be helpful to join this feedback up. She echoed the comments on the complaints to NHS England. In terms of the PPGs and having meaningful groups and how this conversation happened, Healthwatch would be pleased to help improve this. She asked to see the guidance around PPGs. The Chair commended the report and advised the Committee she also chaired the Patient Reference Group. She said it would be good to share this information with the PRG. It was agreed to add this to the PRG agenda. Rob Murphy thanked Fleur Seekins for the helpful report and highlighted that this deep dive would be done on a quarterly basis and then regular more succinct detail. He advised that Fleur Seekins was working on a Quality Framework. Dr Guy Watkins asked how the practice quality visits mentioned in the paper would fit together. Fleur Seekins advised that quality visits already happened but had been reactive in the

past. The proactive approach for the future would be included in the Quality Framework.

The Primary Care Commissioning Committee **noted** the report.

PC18/232 Primary Care Issues and Risks

The Committee received a paper on Primary Care Issues and Risks. This paper updated the Committee on any emerging issues and risks in the Primary Care Commissioning Team's work plan that had been discussed and managed through the Primary Care Operational Group (PCOG). Alice Benton presented the paper and advised the Committee that the Octagon Practice merger was moving forward and the process of handing over contracts in Peterborough and Cambridge then contracts in Huntingdon would follow.

Turning to the temporary closure of the Burghley Road surgery in Peterborough, the Committee was reminded that the Dogsthorpe surgery was set to relocate in the newly built Nightingale Practice. There had been some issues in the Burghley Road building regarding the boiler, therefore it was closed. Consultation was now underway to bring the closure request to the Committee as it was in the public interest to close the surgery temporarily. This was a building with limited provision and was not needed in the mid-term, therefore it was unlikely to be re-opened.

There was a request for a temporary list closure for the Queen Edith surgery in Cambridge. Extensive works were underway at the practice which would affect the delivery of services. The practice could manage the existing list but could not take on new registrations. The timeframe for this would come back to the Committee in-between meetings, therefore a Chair's Action was required on the approval to close the list. The Chair asked if the list closure would be for a set time period. Diane Siddle advised this was generally 6 months and the practice would be required to provide an action plan to then re-open the list. Sandie Smith commented on feedback from neighbouring practices about where they could go.

The Committee **noted** the content of the report and **approved** the request for Chair's Action for the list closure decision at the Queen Edith Practice in Cambridge.

PC18/233 Local Enhanced Services Quality and Engagement Framework

The Committee received at paper on the Local Enhanced Services Quality and Engagement Framework. This paper provided a briefing to the Committee to set out the proposed plan and timeline for local investment in Local Enhanced Service (LES) and the Quality and Engagement Framework (QEF) to support the CCGs primary care commissioning intentions for 2019/20. It also included some recommendations about direction of travel and go live dates for approval. The report was linked to a 3-year plan to achieve more outcome based investment, aligned to commissioning at scale and in light of the new national GP contract changes which set a direction of increased service delivery at a Primary Care Network Level (populations of 30k – 50k). it was noted that 2019/20 would be a transition year to enable

practices to prepare for changes in commissioning arrangements which would be introduced in 2020/21 and 2021/22.

Dr Mark Sanderson presented the paper and said it was important to look at this to point a strategic direction. The strategic direction was through the national contract and Directed Enhanced Services and primary care networks. This was high level and detail was yet to be worked through. Dr Mark Sanderson advised that the CCG currently invested money from rebasing and local funds. There were a number of local enhanced services which were outlined in the report. The QEF was the second area which was paid from quality initiatives and engagement. There was a need to rethink transformation funding in the new world over the next 3 years. There were three funding element to consider, funding on top of GMS contracts, second tier funding used at primary care network level and thirdly how to fund innovation. Dr Mark Sanderson referred to a table in the paper and asked if there was a way to align money to practices. There was a lot of uncertainty in the system. The paper looked at the LES and if there was a way to put things together with GPs being paid to do things in bundles. There were questions around how to use QEF money in future and transformation money.

Looking at anticoagulation for example, or 24 hour ECGs, practices currently might do this individually but in future this could be done as a network. The practices were being given the opportunity to make decisions on the modelling. This work was moving away from the current way of paying QEF and LES payments and was a different way of being aligned with the national contract. This would need to be a three-year plan and there was work to be done to focus on outcomes. Reporting needed to be simplified/reduced to support practices in transition. This was a strategic discussion and further information needed to be bottomed out. Dr Guy Watkins said this was a useful paper to come to the Committee to set the tone. He said he did not have a problem with the concept but commented that this would be the fourth time he'd been in conversation with the commissioner to bundle up enhanced services. He said comparative activity for services was not uniform and this had always been a problem. The various tables showed that the spend in LES was quite high and making this concrete would be difficult and there was the added complication of networks. He had no problem with the direction of travel but making this reality would be a challenge. Dr Guy Watkins commented on the timeline and said this was not deliverable. He said he would be nervous about moving money to a network that had not been in place for long and there might need to be a longer roll over on this. There was a lot of work to be done on the QEF and the LES to bring it in line with the new contract.

Alice Benton said she did not think there was an expectation that the networks would pick up the LES in 2019/20 as things were already in place. She commented on the previous discussions and that as soon as bundling was applied there would be winners and losers which was quite extreme for some practices. Louise Mitchell agreed with what had been said so far but it needed to be made clear on population equity where need was determined. She said the CCG was moving more towards making sure population health was based on need and it was important to be clear about outcomes.

Rob Murphy commented on the decision for the QEF and that perhaps the recommendation could say to postpone for a period time and confirm this is March subject to finances so that there was overall visibility on the funding available. Dr Guy Watkins commented on budget setting and that there was a different freedom this Committee had. Dr Guy Watkins suggested running the plan fully to September for the full year. Wanda Kerr agreed to bring a financial planning update to the March 2019 meeting.

The Committee **approved** the direction toward the new Primary Care Commissioning Framework with the more detailed financial breakdown to follow in March. The Committee **deferred the decision** to approve the roll forward of the existing LES and QEF agreements for Quarter 1 (April 2019 – June 2019) to enable the new framework to be introduced in line with the introduction of Primary Care Networks.

PC18/234 Questions from the Public

Dr Katie Brammall-Stainer commented on the financial underspend on the DES of £412k and asked about the local committed spend. Wanda Kerr advised that there would not be any carry forward of this. The budget for this year was £2.5m budget and was the same next year plus growth.

Dr Katie Brammall-Stainer commented on the cervical screening figures but could not read the chart in the paper. Fleur Seekins agreed to share this with her.

Dr Katie Brammall-Stainer commented on the resources and the addition of quality visits and referred to the Quarterly half day closing for learning events. She asked about the cost of this to the CCG. Fleur Seekins said this required further discussion.

Lastly, Dr Katie Brammall-Stainer asked why the work around the Local Enhanced Services Quality and Engagement Framework was only a three year plan in a five year contract. Dr Mark Sanderson said this was done before the contract issue came out but work would be done to look at local funding and how this fits.

PC18/221 Date of the Next Meeting

The date of the next meeting was confirmed as Tuesday 12 March 2019 in the Cedar Room, Lockton House, Cambridge, CB2 8FH.

The Chair thanked everyone for attending and the meeting closed at 11.40am.

Author
Gemma Keats
Corporate Governance Administrator
12 February 2019