



St Helens Clinical Commissioning Group

St Helens CCG Primary Care Committee Meeting

Date: **Wednesday, 19th July 2017**
Time: **9.00 am – 11.00 am**
Venue: Conference Room A, St Helens Chamber

Part 1 of this meeting will be held in public

Mission Statement:

'Making a difference – right care, right place, right time'

St Helens Clinical Commissioning Group fully support and abide by the pledges set out within the NHS Constitution and we work to ensure we portray the values and behaviours expected of all NHS organisations

PRIMARY CARE COMMITTEE – PART 1

WEDNESDAY 19TH JULY 2017 9.00 A.M. -11.30 NOON

**CONFERENCE ROOM A, ST HELENS CHAMBER, CHALON WAY, OFF SALISBURY STREET,
ST HELENS, WA10 1FY**

Apologies for absence:
Declarations of Interest:

Item	Time	Agenda Item	Purpose	Presented by
PC 07.17. 01	9.00 am	Welcome and Introductions		Chair
PC 07.17. 02	9.05 am	Conflicts of Interest		Chair
PC 07.17. 03	9.05am	Minutes from the Extra Ordinary Meeting held on 28 th June 2017 and Action Log	To Ratify	Chair
PC 07.17. 04	9.15am	Matters Arising	To Note	Chair
PC 07.17. 05	9.25 am	GP Forward View	To Note	Primary Care Contracts Manager
PC 07.17. 06	9.40 am	Finance update – July 2017 (report to follow)	To Approve	Chief Finance Officer
PC 07.17. 07	09.55 am	Primary Care Quality & Operations Group Minutes 29 th June 2017 and Key Issues	To Note	Primary Care Contracts Manager
PC 07.17. 08	10.00 am	Key Issues for Governing Body	To Agree	Chair
PC 07.17. 09	10.05 am	Any Other Business		All

**Date and time of next meeting: 20th September 2017 at 9 am
in Conference Room A, St Helens Chamber**

Primary Care Committee

Meeting held on Wednesday, 28th June 2017
Diamond Suite, Mansion House, City Road, St Helens

Part I – Minutes

Members in Attendance:

Name	Role	Organisation
Geoffrey Appleton (GA)	Chair, Governing Body/Committee Chair	NHS St Helens CCG
Prof Sarah O'Brien (SOB)	Clinical Chief Executive	NHS St Helens CCG
Julie Ashurst (JAshurst)	Deputy Chief Finance Officer	NHS St Helens CCG
Iain Stoddart (IS)	Chief Finance Officer	NHS St Helens CCG
Lisa Ellis (LE)	Chief Nurse	NHS St Helens CCG
Tony Foy (TF)	Lay Member, Audit, Governance and Finance	NHS St Helens CCG
Rachel Jones (RJ)	Lay Member, PPI	NHS St Helens CCG
Dr Hilary Flett (HF)	GP Governing Body Member	NHS St Helens CCG
Dr Mike Ejuoneatse (ME)	GP Governing Body Member	NHS St Helens CCG
Margaret Geoghegan (MG)	Associate Director – Medicines Management	NHS St Helens CCG
Kirk Benyon (KB)	NHSE Representative	NHSE
Rose Gorman (RG)	NHSE Representative	NHSE

In Attendance by invitation of the Chair:

Name	Role	Organisation
Tom Hughes (TH)	Chair – Healthwatch	Healthwatch
Karen Leverett (KL)	Primary Care Management Lead	NHS St Helens CCG
Sue Humphrey (SH)	Primary Care Commissioning Manager	NHS St Helens CCG
Clare O'Toole (COT)	Primary Care Commissioning Manager	NHS St Helens CCG
Sarah Lawrenson (SLL)	Executive PA/Minute Taker	NHS St Helens CCG

Apologies:

Name	Role	Organisation
Julie Abbott (JA)	Deputy Chief Executive	NHS St Helens CCG
Elaine Inglesby-Burke (EIB)	Governing Body Member	NHS St Helens CCG
David McBride (DMcB)	Associate Director – Primary Care	NHS St Helens CCG
Sue Forster (SF)	Interim Director of Public Health	St Helens Public Health
Dr Joe Banat (JB)	GP Governing Body Member	NHS St Helens CCG

Agenda Item	
28.06.17 (00)	Welcome, Introductions, Apologies for Absence and Declarations of Interest
GA welcomed everyone to the meeting and apologies were noted.	
Declarations of Interest relating to items on today's agenda: Other than those previously declared, there were no further Declarations of Interest reported.	
28.06.17 (01)	Minutes of Previous Meeting (17.05.17)
The Minutes of the Meeting held on 17 th May 2017 were agreed as an accurate record.	

28.06.17 (02) Matters Arising and Action Log

The Action log from 17.05.17 was reviewed and updated as follows:

PC17/03/09 (9.1) Primary Care Quality & Operational Group – Action: AD to arrange a date for Members to receive MP's OD Presentation. Completed – Item Closed.

PC17/05/17 (04) Review of Local Enhanced Services – the following two Actions are still on-going:

1. JA to link in with SH regarding delivery of Minor Surgery within Primary Care.
2. SH to discuss Dermatology and Community Clinics Pathways with C Lees and R Hunter.

28.06.17 (03) Updated Corporate Risk Register

The Primary Care Commissioning Contracts Manager presented the PCC Corporate Risk Register and recommended levels of assurance for the Committee to note. The Corporate Risk Register is now being regularly reviewed by the Primary Care Quality Operations Group (PCQOG) to re-assess all primary care risks and to provide further assurance that the risks detailed in the register have been fully evaluated and reported accurately.

It was noted 9 risks had been identified and included a recent risk *112PCC Procurement of Sherdley Medical Centre*. This risk will be presented to the PCQOG on 29th June 2017. It was noted that this was one of the highest risks and part of the issues related to staffing issues. Risks would be reviewed at the PCQOG on a monthly basis.

ME arrived at the meeting.

The Lay Member, Audit Governance and Finance made an observation regarding risk 110PCC IT System Failure in light of the recent Cyber Security risk, the highlighted risk is a wider issue and the risk will be discussed later that afternoon at the Finance, Risk and Governance Committee.

The Chair noted in respect of the notification received from NHS England in relation to the recent Terrorist attack, GP Practices and Hospitals could also be at risk from attack. The Chair reminded colleagues of the Prevent Mandatory Training Module which should be completed by CCG staff.

The Deputy Chief Finance Officer noted that there was £186k available in respect of IT mobile funding and the CCG was looking into whether to purchase EMIS mobile or EMIS anywhere devices. It was noted following a meeting two month's previous to discuss EMIS mobile, it was advised to hold progressing this until mid-Summer/Autumn (Quarter 2) as EMIS mobile may provide a more beneficial offer.

Action:

1. **Draft email to be provided by the Primary Care Team on behalf of David Lawson to be sent out to GP Practices.**
2. **Members Council to be appraised of centralised funding which could attract more funding into the CCG.**

It was noted that West Cheshire CCG are mirroring similar IT issues to St Helens CCG and there are risks across the system-wide as a whole. The Chair, Healthwatch noted that there is centralised funding which could attract more funding.

The Clinical Chief Executive noted that the NHSE Team could help with their role for obtaining the funding and noted that as part of the LDS, that group can build on the Alliance if there are enough GPs who have common areas, there would be scope for a bid being submitted. NHSE Representative (RG) noted as part of the GP Forward View the purpose is for all GPs to collaborate to work across the LDS footprint.

It was noted the CCG would be looking for Practice Support for the bid at the forthcoming GP Forum on 6th July 2017.

Action: KL to ensure that the Primary Care Committee Members are sighted with a copy of the bid once submitted.

SH arrived.

The Governing Body GP, ME noted that the LDS is at its early stages and is looking at recruitment and workforce. The Deputy Chief Finance Officer noted that the CCGs had received an allocation for Wi-Fi for GP Practices across St Helens, Knowsley and Halton. The HIS would ascertain whether Wi-Fi is feasible. The Chief Finance Officer noted the need for being more precise with GP Prescriptions, IT Systems, Resilience and Primary Care and commented how all this links internally to the wider Primary Care.

The Lay Member, PPI commented that perhaps an additional risk should be added to the Risk Register in relation to keeping the patient public involvement element of Primary Care due to the strong links to GPFV. The Clinical Chief Executive noted it would be helpful to receive the view from the Associate Director of Corporate Governance (AD).

Action: LE to liaise with AD to ascertain whether patient public involvement should be reflected in both Risk Registers.

The Lay Member, Audit, Governance and Finance noted that there was a financial risk if the Risk Register is linked to another Committee. The Governing Body GP, ME noted the feedback from the LDS was that the key players are from Commissioning Groups rather than Providers. The Chief Clinical Officer noted this was a good observation and raised the question whether this needed to be highlighted as a risk with the LDS being at its infancy stage and noted that the lack of a robust challenge is a risk to the system.

Action: COT to incorporate Federations as a Provider as a risk in the Corporate Risk Register.

There followed a discussion whether the Federation should be asked whether it wants to represent the LDS even though it is in its infancy. The Chair noted that the Federation does require help from the CCG from a good governance and support perspective. The Chief Finance Officer noted that he is the lead of the Director of Finance Alliance Group and therefore that group should be properly sighted to relevant levels.

The Lay Member, Audit, Governance and Finance noted that there is a Joint Audit Committee for Chairs and a Presentation would be delivered by Grant Thornton.

Action: The Clinical Chief Executive observed from the discussions that the Committee agreed in principle that a bid should be developed. KL to liaise with PB and HF. A Report should be submitted to the next Primary Care Committee with further information and noting that the bid was submitted in line with the deadline (12th July 2017), as this is prior to the next Committee meeting.

The Clinical Chief Executive expressed her thanks to the Primary Care Team for their hard work and noted a big improvement had been made from this work.

The Primary Care Risk Register as presented in Q1 June 2017 was **noted** by the Committee.

PCC 28.06.17 (04)

Standard Operating Procedure Dashboard Escalation Plan

The Primary Care Commissioning Manager presented the Standard Operating Procedure for the Dashboard Escalation Plan and asked the Committee to approve the process which is outlined within the Flowchart.

The Clinical Chief Executive noted that the Flowchart required explicit narrative and reference to sources on A4 page and ascertained what the timeframes are. She further noted in respect of professional escalation that the Standard Operating Procedure should also link into this as part of "Raising Concerns". The Lay Member, Audit, Governance and Finance noted that there are other Flowcharts for example for Contracts and this particular one related to the Dashboard. It was noted that reference should be made to PCQOG and appropriate Medicines Management Review. The Chair noted that the Flowchart would be helpful for new staff members.

The Governing Body GP (HF) commented whether there had been any clinical engagement with producing the Flowchart as it does not indicate who would be undertaking the reviews and at what level. This was therefore potentially damaging for patients and Practices. Any intermediate concerns should be submitted to Executive Leadership Team and there must be an independent GP who is not part of the Governing Body.

The NHSE Representative (RG) noted that the Dashboard should have RAG ratings as the Flowchart should be shared with Practices as this is dependent on the indicators and concurred with the comments made that this should be linked to investigations.

In response to comments made in respect of whether the Standard Operating Procedure was a supportive process and the purpose of it, the Primary Care Management Lead (KL) noted that this was the first draft of the document and all comments were welcome.

The Chair (GA) summarised the discussion and noted from it further conversations are necessary to understand the data and variation with a view to having a clear view of the purpose.

The Governing Body (ME) suggested that the Dashboard should be shared with the Member's Council for them to then have an understanding and to receive a consensus view from them whether a Dashboard is required. He further noted it would also be helpful to involve the Practice.

The Primary Care Commissioning Manager (KL) concluded the discussion by noting the CCG are not just looking at the Red RAG ratings.

The Standard Operating Procedure Dashboard Escalation Plan was **noted** by the Committee.

PCC 280617 (05)	Finance Update
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The Deputy Chief Finance Officer (JA) presented the Finance Update which informed the Committee of the full year forecast outturn based on information at May 2017. The report includes devolved budgets set based on the delegated primary care allocation received from NHSE plus additional local investment. The Deputy Chief Finance Officer noted that last month was presented with an Exception Report and the key risk for this month's report is Primary Care. It is anticipated at Quarter 4 the CCG will be in receipt of information relating to how it is delivering against the Improvement Plan.

The Deputy Chief Finance Officer (JA) noted the following key issues:

- Under provision for QOF in 16/17 and 18/17.
- Potentially double running paying existing Contractor upto 31st August 2017 and the new one.
- Overspend £204k – vast majority of this is QOF.
- Few additional cost pressures.
- Big financial pressures depends on the Improvement Plan.
- The CCG has received allocations and now needs to look at the current level of spending.
- Wi-Fi £107k
- GP Reception Training
- The CCG needs to breakeven.
- Key Risks – Locum Costs 15/16 £31k, Key unknown £150k increased 16/17 £202k

- Notional Rent reimburse remains a risk
- Achievement of QOF.
- Two main risks: Eldercare and Sherdley Medical Centre – Practice List will be potential double payment for Eldercare patients as the existing Contractor will continue to be paid until August and as Eldercare patients are transferred to other providers. Further noted finances needed to be in target with the Acute Provider.

The Clinical Chief Executive ascertained whether the £204k is an addition to the QIPP against Primary Care on top of the £300k. In response, the Deputy Chief Finance Officer confirmed this was correct and more clarification would be included in next month's report.

The Clinical Chief Executive informed the Committee that she had attended an Executive to Executive Board Meeting on 27th June 2017 and noted from the meeting that all reported activity had decreased which reflected on RMS, however A&E activity was up against plan NEL before end of Year 2 on all CCGs. It was further noted if the finances cannot come under the Acute Contract there will be a £5m deficit. It was noted there are a small number of Practices who are outliers and further noted NEL and A&E attendances are the main pressure in the system. It was noted at the PLT Forum last week a presentation was delivered and variation work had been agreed. The Clinical Chief Executive noted that letters would be sent to Practices to help support them with the Primary Care budget.

There followed a discussion regarding whether individual letters should be set to Practices or whether they should be peer grouped to discuss the variation and whether it would be of benefit for an independent Specialist to be in attendance. In addition to this a discussion followed whether the data should be included. The Chair noted the importance of face to face conversation rather than correspondence. The Governing Body Member (HF) ascertained whether the QOF prevalence and scoring had been looked at to calculate the QOF score. The Clinical Chief Executive noted the challenge for the CCG is to have time with Practices and the urgency to do this, therefore the Committee should agree how the CCG broker's this. It was further noted there is a clear message for achieving the 15% for 4 hour A&E and if this is not achieved the funding will be removed for this. The Primary Care Management Lead noted that in Part 2 of the Primary Care Committee Meeting a Dashboard will be considered which will highlight the risks for the Practices concerned.

The Lay Chair, Audit, Governance and Finance noted that engagement is essential and therefore the Committee should not just focus on one indicator. The Chief Finance Officer (IS) reminded the Committee that the Five Year Forward View's Constitutional Rights are delivering approach and scrutiny, therefore is it important to have discussions with Practices to look at how improvements can be made.

In response to a question raised by the Chair, Healthwatch in respect of when will the data be available to the public, the Clinical Chief Executive noted that there is no mandate to publish the data and that the approach being discussed is the CCG's way of handling and managing variation. It was therefore not matured enough for being published. In response, the Lay Chair PPI noted that other CCGs do publish their Dashboards, however these are more developed. The Clinical Chief Executive noted once St Helens CCG Dashboard is more developed, it can be published. It was noted that there is specific work being undertaken to look at Urgent Care. The Primary Care Commissioning Manager (SH) noted that this is specific work and not just one indicator that has contributed to the 5-6 Practices where an issue has been raised as a concern. The Clinical Chief Executive noted that St Helens CCG is very open and is not hiding data or information from members of the public, however this is a huge piece of work and difficult conversations are to be had with the Practices concerned which would not help inform the general public.

The Clinical Chief Executive ascertained whether the PLT were informed that letters would be issued and that all Practices would receive the data? The Primary Care Commissioning Manager (SH) confirmed that they were informed.

Action: In light of the discussions, the Clinical Chief Executive confirmed all Practices should receive the data and invite the Practices concerned to individual meetings to ask for their feedback.

The data should anonymise with the RAG rating. SH and KL to liaise with C Lees and J Abbott with a view to taking the lead on this work.

The Chief Finance Officer noted the risk element in the Finance Report in respect of the notional element and noted more information had been received with additional allocation for the GP Forward View. It was noted there would be £204k forecast overspend and a report would be provided at the next meeting providing more detail. It was noted the Finance Governance and Risk Committee would be meeting later that day and it would receive a slightly different Finance Report.

In response to a query raised by the Primary Care Management Lead (KL) in respect of the budget allocations and the Integrated Commissioning Team, The Chief Finance Officer noted that there had been a slight mix up with the delegated responsibility and wider programme allocation in respect of NHSE and the programme budget for budget management. This would therefore be picked up outside of the meeting separately.

Action: IS and KL to meet outside of the Primary Care Committee Meeting.

PCC 280617 (06) | Primary Care Quality & Operations Group Minutes 25th May 2017

Minutes from the Primary Care Quality & Operations Group meeting on 25th May 2017 were discussed.

The PCQOG Minutes were *noted* by the Committee.

PCC 280617 (07) | Key Issues for the Governing Body

Main issues to be shared with the Governing Body:

- Addition to the Risk Register Provider Federation still in its infancy.
- Pressure to Primary Care Budget.
- Resilience of Primary Care.

PCC 280617 (08) | Any Other Business

The Chair, Healthwatch suggested Winter Pressures be noted and requested that the GP Forum asks the Membership if they have any suggestions. The Governing Body Member (ME) noted that Winter Pressures is part of the workplan.

Date and Time of Next Meeting

The next meeting of the St Helens CCG Primary Care Committee will take place on Wednesday 19th July 2017 in Conference Room A, St Helens Chamber, Off Chalon Way, Salisbury Street, St Helens, WA10 1FY.

ACTION POINTS FROM ST HELENS CCG Primary Care Decision Making Committee 28.6.17

<u>Ref</u>	<u>Who</u>	<u>Item</u>	<u>By When</u>	<u>Closed</u>
PC17.05.17 (04)	JA/SH SH	<p><u>Review of Local Enhanced Services</u></p> <ol style="list-style-type: none"> 1. JA to link in with SH regarding delivery of Minor Surgery within Primary Care. 2. SH to discuss Dermatology and Community Clinics Pathways with C Lees and R Hunter. 	19.7.17 19.7.17	<u>OPEN</u>
PC28.06.17 (03)	KL KL KL LE CO'T	<p><u>Updated Corporate Risk Register</u></p> <ol style="list-style-type: none"> 1. Draft email to be provided by the Primary Care Team on behalf of David Lawson to be sent out to GP Practices. 2. Members Council to be appraised of centralised funding which could attract more funding into the CCG. 3. KL to ensure that the Primary Care Committee Members are sighted with a copy of the bid once submitted. (The Clinical Chief Executive observed from the discussions that the Committee agreed in principle that a bid should be developed. KL to liaise with PB and HF. A Report should be submitted to the next Primary Care Committee with further information and noting that the bid was submitted in line with the deadline (12th July 2017), as this is prior to the next Committee meeting). 4. LE to liaise with AD to ascertain whether patient public involvement should be reflected in both Risk Registers. 5. CO'T to incorporate Federations as a Provider as a risk in the Corporate Risk Register. 	19.7.17 19.7.17 TBA 19.7.17	<u>OPEN</u>
PCC28.06.17 (04)	SH	<p><u>Standard Operating Procedure Dashboard Escalation Plan</u></p> <ol style="list-style-type: none"> 1. Flowchart to be updated and to include the RAG Ratings. 	19.7.17	

<p>PCC 28.06.17 (05)</p>	<p>SH/KL/JA/ (CL)</p>	<p><u>Finance Update</u></p> <ol style="list-style-type: none"> 1. All Practices should receive the data and invite the Practices concerned to individual meetings to ask for their feedback. The data should anonymise with the RAG rating. SH and KL to liaise with C Lees and J Abbott with a view to taking the lead on this work. 2. IS and KL to meet outside of the Primary Care Committee to discuss budget allocations. 	<p>19.7.17</p> <p>19.7.17</p>	
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Report to Primary Care Committee	
Date of meeting:	19 July 2017
Governing Body Member Lead:	Clinical Chief Executive
Accountable Director:	Associate Director; Primary Care
Report title:	General Practice Forward View

Item for:	Decision → <input checked="" type="checkbox"/>	Assurance → <input type="checkbox"/>	Information → <input type="checkbox"/>	<i>(Please insert X as appropriate)</i>
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Strategic Objectives	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate.		
	1. To deliver financial sustainability	<input checked="" type="checkbox"/>	
	2. To deliver improvements through system redesign and in priority areas.	<input checked="" type="checkbox"/>	
	3. To deliver improved outcomes for patients	<input checked="" type="checkbox"/>	
	4. To develop primary care capacity and capability as system leaders	<input checked="" type="checkbox"/>	

Governance and Risk	<p>Does this report provide assurance against any of the risks identified in the Assurance Framework? (please specify)</p> <p>Full GBAF can be viewed in the folder below: J:\St Helens CCG\CORPORATE\CORPORATE FUNCTIONS\GBAF\GBAF Full doc</p> <p>What level of assurance does it provide? (List levels i.e. Limited/Reasonable/Significant)</p>
	Is this report required under NHS guidance or for statutory purpose? (please specify)

Purpose of this paper
<p>The purpose of this report is to provide a rationale for the development of a template for completion in relation to funding for General Practice Forward View initiatives and to gain approval for the use of the template.</p>

Further explanatory information required:

<p>Does this paper link to any of the 10 key themes of the CCG's Improvement Plan. If yes, please specify.</p>	
<p>How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?</p>	<p>The template will ensure there is a robust process for the application and approval of funding linked to the General Practice Forward View programme. Whilst not necessarily benefitting the health and wellbeing of residents it does ensure the allocation of funding is appropriate and fair.</p>
<p>Please describe any possible Conflicts of Interest associated with this paper.</p>	<p>No conflicts of interest are anticipated.</p>
<p>Please identify any current services or roles that may be affected by issues within this paper.</p>	<p>There may be some additional workload for those involved in writing the business case or application.</p>
<p>What risks may arise as a result of this paper? How can they be mitigated?</p>	<p>By approving the contents of this report risks, such as challenge over funding, will be mitigated.</p>

1. Executive Summary

The General Practice Forward View has a number of work streams associated with it. Along with these work streams are potential areas of funding. In order that funding is spent appropriately it is necessary to have some form of Business Case/Application form.

2. Background and Update

The General Practice Forward View (GPFV) was published in April 2016 forming the General Practice aspect of the NHS Five Year Forward View. As part of this document a number of initiatives were detailed, some of which have funding attached to them.

A number of funding streams remain the responsibility of NHS England to manage and allocate but there are some streams that are the responsibility of Clinical Commissioning Groups. As such NHS St Helens Clinical Commissioning Group has to develop a way to manage any funds appropriately and ensure there is a robust audit trail that will provide assurance where appropriate.

In order to manage this a template for applications with a brief business case has been developed by the Primary Care Team. The template is attached as Appendix 1 to this report. The template is based on that used by NHS England for the GPFV Resilience funds so is a recognised template.

The template is aimed at being simple to complete whilst capturing enough information to base a decision to fund or otherwise. Applications would be submitted to the Primary Care Team in the first instance and then brought to the Primary Care Committee for approval or otherwise based on recommendations.

3. Next Steps (as appropriate)

Once the template is approved this will be shared with practices and the federation as and when funding is being requested in relation to GPFV work streams.

4. Recommendations

The Primary Care Committee is recommended to:

- 1) Note the contents of this report.
- 2) Approve the template for use by Primary Care Providers

DOCUMENT DEVELOPMENT

Process	Yes	No	Not applicable	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)			X		
Clinical Engagement (please detail the method i.e. survey, event, consultation)		X			
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought		X			
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)		X			

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Name of Person Completing the Business Case

Address

Phone Number

Summary of proposal:

Detailed Information Regarding Proposal:

Estimated Cost

TOTAL

Expected Outcomes

Timescale

Primary Care Quality and Operational Group

**Meeting held on Thursday 29th June 2017
Meeting Room 10, St Helens Town Hall**

Members in Attendance:

Name	Role	Organisation
Tony Foy (TF)	Lay Member – Audit, Governance & Finance (Chair)	NHS St Helens CCG
Paul Brennan (PB)	Primary Care Accountant	NHS St Helens CCG
Dympna Edwards (DE)	Public Health Representative	St Helens MBC
Dr Mike Ejuoneatse (ME)	GB Member	NHS St Helens CCG
Sue Humphrey (SH)	Primary Care Commissioning & Contract Manager	NHS St Helens CCG
Karen Leverett (KL)	Primary Care Management Lead	NHS St Helens CCG
Clare O’Toole (COT)	Primary Care Commissioning & Contract Manager	NHS St Helens CCG

Apologies:

Name	Role	Organisation
Dr Joseph Banat (JB)	GP Quality Clinical Lead/ GB Member	NHS St Helens CCG
Kirk Benyon (KB)	Contract Manager	NHSE
Dr Ivan Camphor	LMC Representative	LMC
Karen Edwardson (KE)	Lead Nurse, Quality & Safety	NHS St Helens CCG
David McBride	Associate Director, Primary Care	NHS St Helens CCG

Agenda Item	
1)	Welcome, Introductions and Apologies for Absence
TF welcomed everyone to the meeting and apologies were noted.	
2)	Declarations of Interest
Declarations of interest relating to items on today’s agenda: Other than those previously disclosed, there were no further declarations of Interest reported.	
3)	Minutes of Previous Meeting (25.05.17)
TF noted that whilst Key Issues were included in the minutes an actual Key Issues document needs to be produced and submitted to PCC following the meeting. The minutes from 25.05.17 were agreed as an accurate record.	
4)	Matters Arising and Action Log
The Action Log from 25.05.17 was reviewed and updated as follows: 23.02.17 GP Forward View: Improvement Grants – On the agenda today, CLOSED 23.02.17 Finance Update: Knowsley finance colleagues have agreed to the investment information being gathered. PB has met with Sarah Vickers from Halton who has also agreed and would like to meet a Primary Care Management representative. Following discussions PB and KL will produce a paper to be presented in August or September.	

30.03.17 7a) IT Update: Julie Ashurst will be asked to present a formal paper covering strategic IT issues at the July meeting.

27.04.17 6c) International GP Recruitment: On agenda today, CLOSED

25.05.17 5a) Primary Care Risk Register:

TF discussed ownership of risk 100PCC with Julie Ashurst, it was agreed that this be managed at PCQOG and reported to PCC. CLOSED

TF has requested a meeting with Angela Delea re: new model of Risk Appetite and Trajectory. TF mentioned that PCQOG may be the first committee to trial the new model. He will provide an update in July or August.

25.05.17 5b) Contingency Plan: An update is not due until July 2017.

25.05.17 6a) Contract Variation Log: An update is not due until July 2017

25.05.17 6b) Zero Tolerance provider: Expressions of interest were sought and none were received. The CCG approached the current provider who has agreed to continue to provide this service until the end of March. The contract for Sherdley MC is being procured and the CCG is looking to include zero tolerance in the service specification. SH to produce a paper for July meeting to review the scheme and look at criteria and recommendations.

25.05.17 7a) Vaccinations & Immunisations: An update is not due until September 2017.

25.05.17 7b) Primary Care Dashboard: Was presented to PCC on 28th June and is on agenda today, CLOSED

25.05.17 7c) Financial Update: Was presented to PCC on 28th June and is on agenda today, CLOSED

5)	Governance
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5a) Primary Care Risk Register

CO'T presented an updated RR to the Group; she stated that there are currently 9 identified Primary Care Risks. She confirmed that as the Governing Body had decided not to award the contract, the procurement of Sherdley Medical Centre has been identified as a new risk. An action arising from PCC on 28th June was to add Provider Federation to the Risk Register as the CCG is relying upon the emerging Federation to support a lot of the GP Forward View Schemes and currently there is a lack of robust provision and governance. CO'T will update the Risk Register to reflect this.

The group discussed risk 111PCC and agreed that that this had implications for Primary Care and for the CCG, therefore an additional element needed to be included separately. CO'T will alter the risk description and add another section.

Action: Provider Federation to be added to the Risk Register. **CO'T**

Action: Additional element to be added to Risk 111PCC. **CO'T**

Risk Register **approved** by Group.

6)	Contracts
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6a) International GP Recruitment

KL informed the group that the Primary Care Team (PCT) had met with the newly formed GP Forward View team from NHSE. The PCT was advised that in order to submit a bid each CCG should have a workforce strategy which should align with the LDS workforce strategy, bids will not be supported if this cannot be demonstrated. Currently the LDS do not have a workforce strategy, NHSE are fully supporting CCGs to produce a workforce strategy and have agreed to provide a template. Glenn Coleman will be leading on a workforce group that is being set up. The intention is to produce one bid across the whole Cheshire & Mersey region and is looking at November to take the bid forward. The group agreed that this should be reported as a risk if there is no progress by end of August.

KL will update PCQOG when more information is available.

Action: Escalate as a risk the inability to submit applications if no progress made regarding workforce strategy by August. **KL**

Action: Update PCQOG on progress. **KL**

International GP Recruitment paper *noted* by Group.

7)	Quality
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7a) Primary Care Dashboard

KL reported that an Initial draft of the SOP and the 'Safe' element of the dashboard were presented at PCC on 28th June. She explained that the group expressed concern at the number of 'reds' identified and asked how this information was going to be used by the CCG and predominantly Primary Care.

KL stated that two practices were discussed in detail and it was also highlighted that whilst some vulnerable practices were being supported by working with bigger practices there is a possibility of the larger practices becoming too widely stretched.

The group agreed that whilst the CCG has a statutory responsibility to ensure the sustainable effect of Primary Care it should be supportive to practices but also challenging. The information on the resignation of principal GPs would be valuable for the workforce group being created by NHSE. CO'T was asked to obtain a more accurate headcount from practices, informing them of the reasons for the request.

As previously agreed a different element of the dashboard will be reported to PCC on a rolling cycle. KL & KE to identify the reporting cycle and produce reports accordingly.

Action: Obtain a more accurate headcount from practices to feed into the NHSE workforce group. **CO'T**

Action: Primary Care Dashboard reporting cycle to be produced. **KL/KE**

Action: Present report on next identified element of dashboard to PCC on 19th July and to PCQOG on 27th July. **KL/KE**

7b) PCSE Practice Survey

In September 2015 NHSE awarded Capita the Primary Care Support contract; Capita subsequently reduced their staff by 600 and closed sites which resulted in a deterioration of the service provision. The service is being monitored nationally by NHSE and is currently on the Primary Care Risk Register.

CO'T attends monthly stakeholder meetings where she feeds back issues for escalation. Major issues have been identified with Payments and Pensions which have implications on Practice cash flow, Performer list applications, Movement of medical records, Patient registrations and deductions.

A survey was conducted in April the results of which have been fed to Tom Knight to be reported at the national forum. The CCG also intends to circulate the survey results to Practice Managers.

In order for the CCG to gain assurance from NHSE that this is being dealt with CO'T would like to escalate this by drafting a response, on behalf of Sarah O'Brien and Geoffrey Appleton, to the national team at NHSE to raise these concerns and invite the provider (Capita) to a PCC meeting to answer the concerns highlighted. She would also like to escalate this risk on the Primary Care Risk Register and asks for PCQOG approval to do so.

Action: Write to national team at NHSE raising concerns and inviting the provider to attend PCC to answer these concerns. **CO'T**

Action: Re-evaluate the current risk rating on Primary Care Risk Register. **CO'T**

The PCSE Practice Survey report was *noted* by the group

8) Finance

8a) Finance Update

PB presented a Finance update based upon information as at month 2. The forecast overspend is £204k due to actual QOF achievements in 16/17 being greater than those anticipated.

The report highlighted the recurring risks, these are areas of unpredictability e.g. Locum costs, QOF. PB stated that based upon current applications for Locum costs if one more maternity claim is received in this financial year the CCG will go over budget in that area. It was agreed that this needs to be highlighted to PCC.

It was also noted that practices could utilize private companies to strategically assist them in achieving maximum points which could result in a budget overspend.

It was noted that an improved description of the identified risks should be presented to PCC.

Eldercare & Sherdley were identified as short term future risks, PB was asked to try to quantify these risks in a report to be presented at PCC.

Action: Highlight Locum costs and QOF as areas of concern to PCC. **PB**

The Finance Update was *noted* by the group.

8b) Four Acre Improvement Grant

In 2016 Four Acre submitted an Estates and Transformational Funding bid to NHSE to extend and refurbish their current building. St Helens CCG fully supported this application and the bid was approved by NHSE for cohort 2. Unfortunately funds dried up and this did not progress.

NHSE have now advised the practice to resubmit their bid as an improvement grant application which will provide an additional 3 clinical rooms and 2 administration rooms. There will be no cost to the CCG for the refurbishment but there will be an increase in the notional rent. PB recalls that, if an improvement grant is approved, future rent will be deducted by NHSE, this will need to be clarified.

This application has been approved in principle by the Strategic Estates Group (SEG) and SH stated that she will work with the practice to improve the quality of the bid. NHSE has limited funding and grants will be approved on a 'first come first served basis'. There is a tight deadline as all improvements must be completed by 31st March 2018

The group fully supported the application but due to the financial implications requested that SH gain final approval from Julie Ashurst to confirm that whatever impact there is on the Primary Care Budget is covered.

Action: Obtain written approval from Julie Ashurst to proceed with the improvement grant application. **SH**

The Four Acre Improvement grant application was **supported** by the group subject to approval from Julie Ashurst.

9) Key Issues Log

Main issues to be shared with PCC:

- 1) **Zero Tolerance Provider** - No interest received in being Zero Tolerance Provider, current provider has agreed to continue until end of March. New Sherdley contract may include Zero Tolerance in the service specification
- 2) **Transfer of Eldercare Patients** - Risk 111PCC has implications for Primary Care and for the CCG; therefore an additional element is to be added.
- 3) **Workforce Strategy** - Currently no GPFV applications can be submitted because there is no CCG or LDS workforce strategy.
- 4) **PCSE Concerns** - CO'T will draft a letter from Sarah O'Brien/ Geoffrey Appleton to the national team at NHSE to raise PCSE concerns and invite the provider to attend PCC to answer these concerns
- 5) **Locum Costs** – Risk of going over budget if 1 more maternity claim is received in this financial year

10) DATE OF NEXT MEETING

The next Primary Care Quality and Operational Group meeting will be held on **Thursday 27th July 2017, 1.00pm - 3.00pm** in Meeting Room 10, St Helens Town Hall.

27/04/17 6c)	International GP recruitment Link in with Halton CCG to produce a substantial bid Update 25 th May: HF plans to create a group to work on this, KL will update on progress at June meeting Update 29 th June: On agenda	N/A	CLOSED
25/05/17 5a)	Primary Care Risk Register <ul style="list-style-type: none"> Discuss ownership of risk 100PCC with Angela Delea Update 29th June: This has been raised with Julie Ashurst and it was agreed that this be managed at PCQOG and reported to PCC Arrange for RR presentation re: targets and trajectories to be presented to PCQOG Update 29th June: Tony has requested a meeting with Angela Delea re: new model of Risk Appetite and Trajectory 	N/A Tony Foy	CLOSED July 2017
25/05/17 5b)	Contingency Plan <ul style="list-style-type: none"> Meet with JA to discuss CCG contingency to support identified cost implications and produce a worked up scenario report for June meeting Present completed contingency plan at PCC in July Update 29th June: Paul has met with JA however more work remains to be done. Action deferred until KL/PB have had their next budget meeting 	Paul Brennan Paul Brennan	June 2017 July 2017
25/05/17 6a)	Contract Variation Log Produce a report for PCC explaining the changing model of Primary Care	Karen Leverett	July 2017
25/05/17 6b)	Zero Tolerance provider <ul style="list-style-type: none"> Add Zero Tolerance Provider to June draft agenda Produce a report detailing further options for the provision of this service if no interest received. Update 29 th June: SH to produce a paper for July meeting to review the scheme and look at criteria and recommendations.	Sue McCarthy Sue Humphrey	June 2017 July 2017 June 2017 July 2017
25/05/17 7a)	Vaccinations & Immunisations An update to be provide at September meeting	Karen Leverett	Sept 2017
25/05/17 7b)	Primary Care Dashboard – SOP outline Present a worked example report to PCC in June Update 29 th June: Presented to PCC on 28 th June, on agenda	N/A	CLOSED
25/05/17 8a)	Financial Update Produce a risk focused report for June PCC Update 29 th June: Presented to PCC on 28 th June, on agenda	N/A	CLOSED

29/06/17 5a)	Primary Care Risk Register <ul style="list-style-type: none"> • Provider Federation to be added to the Risk Register • Additional element to be added to Risk 111PCC 	Clare O'Toole Clare O'Toole	July 2017 July 2017
29/06/17 6a)	International GP Recruitment <ul style="list-style-type: none"> • Escalate as a risk the inability to submit applications if no progress made regarding workforce strategy by August • Update PCQOG on progress of GP recruitment bid application 	Karen Leverett Karen Leverett	Sept 2017 Aug/ Sept 2017
29/06/17 7a)	Primary Care Dashboard <ul style="list-style-type: none"> • Obtain a more accurate headcount from practices to feed into the NHSE workforce group • Primary Care Dashboard reporting cycle to be produced. • Present report on next identified element of dashboard to PCC on 19th July and to PCQOG on 27th July 	Clare O'Toole Karen Leverett/ Karen Edwardson	July 2017 July 2017
29/06/17 7b)	PCSE Practice Survey <ul style="list-style-type: none"> • Draft a letter on behalf of SO'B/ GA to national team at NHSE raising concerns and inviting the provider to attend PCC to answer these concerns • Re-evaluate the current risk rating on Primary Care Risk Register 	Clare O'Toole Clare O'Toole	July 2017 July 2017
29/06/17 8a)	Financial Update Highlight Locum costs and QOF as areas of concern to PCC	Paul Brennan	July 2017
29/06/17 8b)	Four Acre Improvement Grant Obtain written approval from Julie Ashurst to proceed with the improvement grant application	Sue Humphrey	July 2017

KEY ISSUES REPORT

Primary Care Quality and Operational Group

Meeting Date: 29th June 2017

Agenda Item Ref:	CCG Improvement Plan Theme	Key Issue:	Decision / Action:	Corporate Risk / GBAF Reference: - Mitigation
25.05.17 6b	Primary Care	Zero Tolerance Provider - No interest received in being Zero Tolerance Provider.	Current provider was approached and has agreed to continue until end of March. New Sherdley contract may include Zero Tolerance in the service specification	
5a	Primary Care	Transfer of Eldercare Patients - Risk 111PCC has implications for Primary Care and for the CCG;	An additional element is to be added to this risk.	
6a	Primary Care	Workforce Strategy - Currently no GPFV applications can be submitted because there is no CCG or LDS workforce strategy.		
7b	Primary Care	PCSE Concerns – In April 2017 A survey was conducted in response to concerns raised by practices	CO'T will draft a letter from Sarah O'Brien/ Geoffrey Appleton to the national team at NHSE to raise PCSE concerns and invite the provider to attend PCC to answer these concerns	
8a	Primary Care	Locum Costs - Risk of going over budget if 1 more maternity claim is received in this financial year		

Key Issues Report	Date
Prepared by: Susan McCarthy, PA	07.07.17
Verified by:	
<p>NOTE: A copy of any papers referenced in this Key Issues Report will be made available on request to the Committee Chair. Formal Minutes, once approved, will be provided to the Audit Committee and Governing Body.</p>	