NHS
Hammersmith and Fulham
Clinical Commissioning Group

Item AO (v)

**Minutes of the Primary Care Commissioning Committee meeting held on Tuesday 9 October 2018, 2.30 – 4.00 pm St Paul's Church, Hammersmith, London W6 9PJ in Public**

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**Present**

| Name | Role | Organisation | Initials |
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| Trish Longdon | Lay Member, Committee Chair | H&F CCG | TL |
| Vanessa Andreae | Vice Chair and G B Member | H&F CCG | VA |
| James Cavanagh | GB Member & Joint Vice Chair | H&F CCG | JCa |
| Janet Cree | Managing Director | H&F CCG | JC |
| Catherine Millington-Sanders | Independent GP | Kingston CCG | CMS |
| Julie Sands | Head of Primary Care NWL | NHS England | JS |
| Andy Petros | Secondary Care Consultant | H&F CCG | AP |
| Jane Wilmot | Lay Member | H&F CCG | JW |
| Owen White | Interim Head of Finance | H&F CCG | OW |

**Apologies**

| Name | Role | Organisation |
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| Dr Tim Spicer | CCG Chair | H&F CCG |
| Sue Roostan | Deputy Managing Director | H&F CCG |

**In attendance**

| Name | Role | Organisation | Initials |
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| Mark Jarvis | Head of Governance & Engagement | H&F CCG | MJ |
| Deborah Parkin | Head of Primary Care | H&F CCG | DP |
| Adam Jenkins | Local Medical Committee Representative | LMC | AJ |
| Eva Psychrani | Hammersmith and Fulham Engagement Lead | Healthwatch | EP |
| Cynthia Mkandawire | Primary Care Commissioning Lead | H&F CCG | CM |
| Ed McLaren | PMO and Governance Lead | H&F CCG | EM |
| Margie O'Connell | Assistant Director for Clinical Improvement & Assurance | H&F CCG | M |
| Sue Pascoe | Deputy Director of Quality, Nursing and Safeguarding | H&F CCG | SP |
| Victor Nene | Designated Adult Safeguarding & Clinical Quality Manager | H&F CCG | VN |
| Michael Nelson | Assistant Head of Primary Care Commissioning (London Region – NW) | NHS England | MN |

| Item | | Action |
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| 1. | **Welcome, Introductions and Apologies** | |
| 1. | TL welcomed everyone to the meeting and apologies were noted as above. | |
| 2. | **Declarations of Interest**<br><br>VA declared that she was a patient of GP at Hand | |
| 2.1 | All interests already declared in the CCG register of interests were noted. | |
| 3. | **Approve Minutes of Previous Meetings** | |
| 3.1 | TL queried if accessory services at 5A.3 of the previous minutes was accurate. VA suggested that this should be ancillary services (additional services that were locally commissioned). It was agreed the minutes would be amended to reflect this.<br><br>AJ requested that his title was recorded accurately as Local Medical Committee Representative.<br><br>The minutes of the previous meeting were approved with these amendments. | |
| 4 | **Matters Arising** | |
| 4.1 | GP at Hand NHS England response to PCCC recommendation<br>JS updated the committee that NHS England had met and agreed to ratify the PCCC recommendation and uphold the objection. JS advised the committee that the NHS England London Regional team was working with the national team to clarify the resolution to the screening issue and likely timelines. JS confirmed that any changes to the current position would be reported to the committee. Any decision to lift the objection would be taken by the committee following advice from NHS England. It was agreed that an update paper would be presented to the next meeting. | **JS** |
| 5. | **Action Log** | |
| 5.1 | Action 0825 e-RS / 2WW This was discussed. It was agreed that this action should remained open for an update at the next meeting.<br><br>Action 0795 e – RS This was discussed. It was agreed that this action should remained open for an update at the next meeting.<br><br>Action 0796 Out of Hospital Services Reporting This was discussed. It was agreed that this action should remained open for an update at the next meeting.<br><br>Action 0805 Communication Plan MJ confirmed there was no change in the status. It was agreed that this action should remained open and continued to be reviewed.<br><br>TBC 1 (now Action 0826) Quality and Outcomes Framework (QOF Review) DP confirmed that the required paper was shared with the Governing Body. DP recommended that this action should be closed. It was agreed that this would be closed.<br><br>TBC 2 (now Action 0827) Primary Care Risk Register DP confirmed that CPEN funding had been added to the Primary Care Risk Register. It was agreed that this action should remain open so that it can be reviewed at the next meeting. | **DP**<br><br>**DP**<br><br>**DP**<br><br>**MJ**<br><br>**DP** |

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| | TBC 3 (now Action 0827) Reduction of CPEN funding It was agreed that this action should remain open so that it can be reviewed at the next meeting.<br><br>TBC 4 (now Action 0833) Primary Care Access Extended Hours & Weekend Plus DP and JC explained that a series of meetings would be taking place. JC suggested that it was possible that the paper would have a wider scope than originally intended so may be presented to the Governing Body. It was agreed that this action should remained open and continued to be reviewed.<br><br>TBC 5 (now Action 0828) Digital-first primary care and implications for general practice payments DP recommend that this action was closed as no responses were received. It was agreed that this would be closed. | **DP**<br><br>**JC** |
| 6. | **GP at Hand Variation to Sub Contracting Application** | |
| 6.1 | JS presented the paper and explained that the situation was similar to that reported in the past, that the practice had been given notice to vacate the premise at short notice. JS said that the practice had identified and secured a new premise at Kings Cross which was approximately 25 minutes away from the current premise, and that connections were also available by bus and train. She said that confirmation had been received that the new lease was in place and that the new premise satisfied the appropriate criteria. She confirmed that reception services were provided and that the core hours criteria were also satisfied. JS confirmed that a premise check list had been completed. She outlined that a communication plan was in place and that due to the short notice this included a message on the practice website and that patients would be contacted by text message. JS advised the committee that the new premise had three rooms and corrected the paper, clarifying that the old premise only had two rooms. It was noted that Camden CCG had highlighted to patients intending to register with GP at Hand that they would be registering with a Hammersmith and Fulham practice and, therefore, may not be able to access services locally as easily as they would be able if they remained with a Camden GP. JS summarised that the new premise was appropriate, that the communication plan was adequate given the circumstances and therefore recommended that the variation was approved. | |
| 6.2 | AJ queried the screening arrangements that were in place for example breast screening. JS confirmed that as this was a change within London patients had a choice of convenient locations to complete breast screening. She confirmed that the London screening team were in contact with the practice. | |
| 6.3 | The committee **approved** the variation to sub-contracting notice. | |
| 7. | **Primary Care Access** | |
| 7.1 | JS presented the paper. She reminded the committee that they had previously discussed the issue of practices being closed for periods of time during core hours and whether or not arrangements were in place for patients to continue to have access to the full range of services during times of closure. She explained that following further review, including a | |

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| | triangulation of available information from a variety of sources two practices had been identified where it was felt they were non-compliant with the GMS requirements. JS advised the committee that there were two options going forward - A) approve the sub-contracting arrangement or B) issue a notice of objection on the ground that the practices were not fulfilling their contractual obligations. She said that the recommendation was to issue a notice of objection. In response to a question from TL it was confirmed that if the committee agreed that an objection should be issued, the practice would be given a period of 12 weeks to put in place appropriate contracting arrangements, and advise on what these were. JS confirmed that the practice could object should the committee agree to raise an objection. | |
| 7.2 | AJ sought clarification as to why the proposed action was being recommended now given that current arrangements had been in place, without question, for a significant period of time. He also pointed out that the NHS England documentation was only guidance and not contractual. He felt that the proposed action would create unnecessary conflict with the practices concerned. JS confirmed that there were no contractual obligations but added that the approach was based on legal advice. She said that the more formal contractual breach position was not being recommended. She said that the intention was to use contract levers appropriately in order to ensure the required sub-contracting arrangements were in place for the periods the practices were closed during core hours. AJ suggested that it might be more appropriate to continue a dialogue with the practices to try and reach an acceptable position. It was noted that there had been on-going discussions over the previous eight months and that the responses given by the practices had been unsatisfactory. | |
| 7.3 | It was **agreed** that a further period of dialogue with the practices would be undertaken and that if this proved to be unsuccessful the recommended action would be taken forward. | |
| 8. | **Contract Variations for 4 practices in Hammersmith and Fulham** | |
| 8.1 | The committee noted JCa's conflict in respect of this item. TL advised that in view of the conflict JCa would not be able to participate in the discussion. | |
| 8.2 | MN introduced the paper advising that the committee was being asked to note the changes to the contractual arrangements for the four practices highlighted in the paper. He advised that the practices would remain separate legal entities and that it was likely that a further practice would join the group later in the year.<br>The committee **noted** the report. | |
| 9. | **Enhanced Primary Care Contract Update** | |
| 9.1 | CM talked to the paper highlighting that a full report would be provided to the Committee in November. CM further highlighted the key changes in the contract from the October draft. She said that the plan had been revised regarding Out Of Hospital Services, with more accurate projections based on 17/18 outturn. She highlighted that the original plan | |

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| | had understated the position as it was based on un-validated flex data. CM reiterated that the plan had been revised to ensure that the CCG was not commissioning less activity when compared with 17/18. CM advised the committee that the revised plan had been discussed by the Finance and Performance Committee and approve by the Managing Director. CM stated that this represented an increase in the budget for Out Of Hospital Services of £20k. | |
| 9.2 | JC explained that the second change related to mental health and was aligned to the principle that the CCG commissioned at least the same level of activity as the previous year and continued to supported patients with serious mental illness. She said that the changes would provide support to those practices that were significantly below the target of 50%. These practices would be encouraged to improve their current position by 20% up to a maximum of 50%. She said that individual practice plans had been adjusted accordingly and that she had approved the additional contract uplift of £43k. | |
| 9.3 | CM advised the committee that the third change was that a requirement for practices to complete post payment verification for clinical audit had been added which would assist both the CCG and Federation with some of the factors that had led to over performance against some of the service lines. | |
| 9.4 | The final change related to the way the GP Federation were paid. CM advised the committee that in future the GP Federation would be paid on a block payment for their role in managing the Out Of Hospital Service. CM said that this approach was being informed by an open book review that was currently on-going with the GP Federation with the aim of improving openness and transparency. JW queried why a block payment had been agreed whilst the open book exercise had not been completed. JC said that this was an iterative process and important to get right in order to ensure the payments process was as efficient as possible. | |
| 9.5 | AJ sought clarification as to whether there were individual contracts with each practice. CM confirmed that this was correct and that the tri-partite model had been used. She also added that mobilisation was underway and that a full update would be provided in November. | |
| 9.6 | TL asked how the CCG was going to maintain effective contract management if the GP Federation was being given 100% of the contract value, especially given that there had been issues in the past over contract performance and reporting. She was concerned as to whether this provided the CCG with sufficient contractual levers should there be similar issues this year. CM confirmed that the contract had been strengthened with greater clarity in respect of reporting requirements. JC commented that the dialogue with the Federation was on-going. She felt that the process would lead to a better shared understanding of the requirements at a practice, network and CCG level and that this would enhance the work of both the CCG and the GP Federation. | |
| 9.6 | JW asked what difference the conversation was making to patients. JC explained that patients were supported by the commissioning of the right level of activity at a consistent level. | |

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| | CM confirmed that all three plans were assured by clinical leads and that the delivery of the plans were monitored by EPC contract monitoring processes and that this would be reported to the committee.<br><br>The committee **noted** the update provided. | |
| 10. | **e-RS Update** | |
| 10.1 | DP presented the paper and reminded the committee that both Imperial College Healthcare Trust and Chelsea and Westminster Trust had implemented e-RS. She said that an additional month of transition had been provided as agreed with the providers. DP highlighted the data provided on two week referrals. She said that since the paper had been prepared a further three weeks of data was available. Across those three weeks a further 6 referrals had been made giving a total of 36 incorrect referrals since the introduction of the revised system. DP confirmed that Imperial College Healthcare Trust had committed to send emails to referrers where the incorrect referral process had been followed. They were then contacting the practice to ask them to re-refer the patient. The Trust had indicated that they would notify the CCG of any significant on-going concerns relating to incorrect referrals.<br>CMS raised concerns about two week waiting time referrals and sought clarification on the processes in place to ensure that patients were not disadvantaged if a GP did not use the electronic process. DP confirmed that Imperial College Healthcare Trust were also sending emails to referrers and making calls in respect of two week waiting time referrals. AJ said that he had understood that there was an agreement in place that Trusts would accept referrals for two week waiting time cases even if they were not sent in correctly as otherwise the time to referral target would be breached. It was confirmed that this would be recorded as a breach. | |
| 10.2 | TL sought clarification on whether there were any patterns emerging across practices in relation to the new process not being followed. DP said that this would be highlighted through the information provided by the Trust over time. CMS felt that there continued to be a risk to patients where practices were not using the new system and suggested that there needed to be an improvement plan in place. It was noted that the numbers were very small and that in some weeks zero incorrect referrals had been noted. The position would continue to be monitored and reports presented to the committee. JW asked what percentage of referrals could be booked directly. JC confirmed that this information was available and that work was on-going with the Trust to improve the number of direct bookable appointments and reduce the number of "defer to provider" appointments. CMS added that London wide targets did exist in relation to this. | |
| 10.3 | AJ asked if there were any exception to the ERS. JC and JCa confirmed that community service referrals were not included. It was agreed that a check would be made on whether there were any acute specialities that were excluded. | **DP** |
| 11 | **Primary Care Risk Register** | |
| 11.1 | DP introduced the report. She highlighted that the key risks related to PMS, CEPN and the access programme. In respect of PMS she said that | |

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| | there would be a report back to the committee in November on the outcome of the PMS review following completion of the stage two review process. In response to a question from AP as to why the risk remained high for PMS, DP explained that this was because the process had not been completed. DP explained that with regard to CEPN a response was awaited from Health Education England to concerns raised across the NW London CCGs. | |
| 11.2 | DP recommended that all risks associated the E-RS could now be closed. The committee **agreed** this proposal. | |
| 11.3 | TL ask why risk associated with Enhanced Primary Care (HF 150) and both risks associated with GP at Hand(HF136, HF137) had reduced. CM advised that in relation to HF 150 this was because the new contract contained yet more mitigation in the form of post payment audit. MJ encouraged that the risk register be updated to fully explain why the scores had changed. In respect of the GP at Hand financial risk it was agreed that this should remain at 12 in light of the on-going discussions. | |
| 11.4 | TL also queried why the risk associated with HF119 Primary Care Quality Monitoring had reduced given that the committee had not received any recent reports. It was noted that a report would be coming to the December meeting but that in the meantime the risk should remain at 12. | |
| 12. | **Primary Care Medical Services, Monthly Financial Report** | |
| 12.1 | OW presented the month 5 report. He reported a year to date spend of £11.7M against a budget of £12M. OW added that the difference was due to small variations across the budget including GP at Hand. OW indicated a forecast outtrun position for the year of an underspend of £1.3M. It was noted that £1m of this related to GP at Hand. | |
| 12.2 | The committee raised a general concern about the potential underspend and whether there were plans to ensure that this was committed in year. It was explained that this needed to be seen against the entire primary care budget position and not just the delegated budget. The committee asked for future budget reports to be presented showing the full extent of primary care expenditure.<br><br>The committee **noted** the report. | |
| 13. | **AOB** | |
| 13.1 | JS explained that the Advertising Standards Authority had recently ruled against GP at Hand in relation to marketing and advertising details. This was now for the practice to respond to. JS confirmed that the committee would be advised if there were any consequent contractual implications of the ruling. | |
| 14. | **Questions from the Public** | |
| 14.1 | There were no questions from the public. | |
| | **The date of the next meeting was confirmed as Tuesday 20 November 2018 14.30 – 16.00pm, St Pauls' Church, Hammersmith London W6 9PJ** | |