NHS
Hammersmith and Fulham
Clinical Commissioning Group

Minutes of the Primary Care Commissioning Committee meeting held on 16 July 2019 14:00 – 16:30
Irish Cultural Centre, Hammersmith
In Public

Present

Name	Role	Organisation	Initials
Trish Longdon	Lay Member and Chair	H&F CCG	TL
Jane Wilmot	Lay Member	H&F CCG	JW
Catherine Millington-Sanders	Non Conflicted GP	Kingston CCG	CMS
Janet Cree	Managing Director	H&F CCG	JC
Julie Sands	Head of Primary Care NWL	NHS England	JS
Sue Pascoe	Deputy Director of Quality, Nursing & Safeguarding	NW London CCGs	SP
Owen White	Head of Finance	H&F CCG	OW
Andy Petros	Secondary Care Clinician	H&F CCG	AP
James Cavanagh	Elected Member and Governing Body Chair	H&F CCG	JC

Apologies

Name	Role	Organisation
Vanessa Andreae	Elected Member and Governing Body Co-vice	H&F CCG

In Attendance

Name	Role	Organisation	Initials
Mark Jarvis	Head of Governance and	H&F CCG	MJ
John Pullin	Associate Director Integrated Care	H&F CCG	JP
Deborah Parkin	Head of Primary Care	H&F CCG	DP
Coral Skeldon	Primary Care Lead	H&F CCG	CS
Eva Psychrani	Hammersmith & Fulham Engagement Lead	Healthwatch	EP

Minutes

Item	Agenda Item /Discussion	Actions
1.	**Welcome, Introductions and Apologies**	
1.1	TL welcomed everyone to the meeting. Apologies were noted as above.	
2.	**Declarations of Interest**	
2.1	All interests already declared in the CCG register of interests were noted.	
3.	**Minutes of Previous Meeting**	
3.1	The minutes were approved	

4	**Matters Arising & Action Log**	
4.1	**Over the counter medicines.** JC confirmed that the mitigations that were put in place following the completion of the EHIA were still in place. She reminded the committee that it was still down to individual prescribers to determine how they prescribed. She said that GPs were reminded of the position regarding over the counter medicines on a regular basis by the Medicines Management Team.	
5.	**Action Log**	
5.1	891 – Primary Care Network Map. Action closed as map revised and circulated. 901 – Ipsos Mori Independent Evaluation Report. Action closed as on the agenda. 876 – Health Help Now App. CS advised that feedback on the app was being made through the clinical assurance group. She acknowledged that patients had initially been involved with the development however this had tailed off more recently. TL questioned why there was not on-going patient involvement given that their feedback on the app had been sought. CS said that feedback was being used by a range of different groups. JW said that it felt as if patients were not connected with the work that was on-going and that it all felt very disjointed. TL suggested that a paper should be prepared by the NW London team working on the app which explained how patients and lay partners were being involved and setting out what changes had been made as result of the feedback received. CS informed the committee that at this time the easy read version of the app had been put on hold. JW sought clarification on whether the app was available on all mobile devices. CS agreed to check and feedback. 882 – Incident Management in Primary Care – No update available. 884 – Primary Care Strategy/Investment and Evolution – Item to come back to committee in October 2019. 890 – Babylon GP at Hand Assurance Report – it was agreed that this would come to the committee in August. SP highlighted that discussions were on-going with Birmingham and Solihull CCG on quality and safeguarding issues. 894 – Westway Surgery – report to come to committee in September. 889 – Babylon GP at Hand – action closed and combined with	CS CS DP JP DP

	890.	
6.	**2019/20 Primary Care Budget and Month 2 Position**	
6.1	OW introduced the paper. He advised the committee that a number of potential cost pressures had been highlighted however, overall the position was on track. TL asked whether there was any greater clarity on the GP at Hand mitigations. JC said that discussions with NHS England were on-going. She said that the recently published consultation on the future arrangements for digital first practices (see item 8 below) put forward a number of suggestions about future funding arrangements. JC confirmed that Paul Brown was aware of the CCG's concerns about the potential impact on the finance team if they had to put in place processes to recover the costs of GP at Hand from other CCGs. TL sought clarification about the reference to administered funds in the report. OW confirmed that there was budget provision to cover this based on the prior year outturn. The committee **noted** the report.	
7.	**Evaluation of Babylon GP at Hand**	
7.1	JP introduced the item. He said that there was little in the report that required the committee to consider in terms of immediate actions. JC highlighted that one of the key areas highlighted in the report concerned the issue of continuity of care. It suggested that this was something that needed to be monitored as those who participated in the evaluation had highlighted this. She said that this was something that the clinical assurance group would look at. JW highlighted that patients need to be better informed about how they can access appointments at different times of the day. JC said that the report did not highlight this as a particular issue either for the GP at Hand patients or more broadly. However, she stressed the importance of ensuring that the issue of continuity of care that was brought out in the report was addressed. JCa felt that there were a lot of positive aspects in the report. He said that GP at Hand was a very positive alternative service for some in the community. TL said that it was important to recognise that for a segment of the population the report gave a very clear indication that the service enabled them to access care in ways that met their needs better than traditional methods. TL suggested that, overall, the report seemed to suggest that there was a need to ensure that all patients had access to a digital front end service and that there needed to be an acceleration of the current programme. SP pointed out that the report only gave a snap shot covering a relatively short period of time and that,	

	although the outcomes seemed to be positive overall, she was not sure that this would necessarily be the case over the longer term. However, she agreed that many people wanted to access services differently and that this needed to be accommodated as far as possible for all. JC reminded the committee that there were digital pilots being undertaken across NW London. She said that the direction of travel was clear and that it would be important to learn the lessons from Babylon GP at Hand and the other NW London pilots. CS noted that, currently, the pilots were not showing any evidence that a digital offer saved any time. However, it was clear that for some patients this was a better way of accessing services. It was agreed that the committee needed to give further consideration to the local position on digital. It was agreed that paper would be prepared for a future meeting. SP suggested that it would be a good idea to share the key messages in the report more widely with general practice colleagues as this may ally some of their previous concerns about the service and provide them with ideas for their own services. It was agreed that sharing information with general practice could be useful in order to draw attention to the opportunities that digital can provide. JC said that there was already some sharing taking place at PCN Clinical Director level. JC highlighted that as part of its work the Care Quality Commission had picked up some concerns about the screening issues within GP at Hand. She assured the committee that this was being picked up within the clinical assurance group. She also confirmed that uptake rates more generally across primary care were monitored and issues discussed with practices as part of the schedule of practice visits. TL suggested that for some groups of patients, for example those with mild to moderate mental health issues, digital services could be beneficial as patients would be able to access services without necessarily having to leave home. She felt that the opportunities of digital needed to be highlighted as part of the CCG's response to the NHS England consultation on digital first arrangements (see item 8). The committee **noted** the report. It was felt that the Babylon GP at Hand experience needed to be part of the local learning for the roll out of digital services.	CS/DP
8.	**NHS England Digital First Consultation**	
8.1	JP introduced the item. He advised the committee that the paper provided detail of the NHS England consultation on Digital First, setting out the four areas of:	

- Out of Area Registrations
- CCG allocations
- New Patient Registration premium and Harnessing digital-first primary care to cut health inequalities

He said that the consultation document set out a number of questions against each of the areas. JC advised the committee that the CCG needed to make a response to the consultation and was seeking feedback from the committee on how the response should be shaped.

TL raised a general concern about the lack of patient focus within the consultation document and a lack of focus on what might be needed at a population level. She felt that it was important for NHS England to have an understanding of what local groups feel they need from a digital future. She felt that digital services could have unintended consequences as certain cohorts of patients could feel isolated as a result of unexpected barriers being established. JCa felt that the document did try and address the challenges that the digital agenda was creating, including the needs of patients.

JW thought the document was complicated. She felt that, generally, the digital agenda needed to be simpler for people to understand and access. She said she favoured a contractual framework that dealt with digital providers and would resolve the issue of how money moved around the system. She felt the current proposals were too complex.

JW questioned why the document combined issues that were not necessarily helpful, e.g. new patient registrations with digital first registrations. JS acknowledged that some issues were put together however felt that this was a recognition of the need to resolve these issues. She said in relation to registrations the options were similar. She said that there had been attempts to deal with them separately however because of the similarities of the issues they had been combined in the consultation. She said that ultimately there would need to be a change to legislation and the consultation might facilitate this process.

JC said that a response would be collated from across NW London and a decision taken as to whether there was a single NW London response or whether individual CCGs would send their own responses.

The committee discussed the out of area proposal in detail. The points raised were:

- With a reduced number of CCGs in the future any potential threshold for patients that would require a digital provider to

	have an APMS contract in the CCG area would be reached sooner • Where would the digital provider be required to set up the physical base when being established as an APMS provider in a new CCG area, would it be local to the majority of patients given the wider geographic boundaries of CCGs in the future? • There needed to be principles set out on the location of new APMS practices in relation to registered populations, this should include reference to how people would access local services and pathways • It was noted that commissioning arrangements were mainly place based and therefore having a physical presence in a CCG area should help this • Integration was important and this needed to be a key principle • It was noted that the costs to CCGs under the threshold needed to be acknowledged. If the threshold was 2000 patients then any CCG who was below that could have a cost of approximately £1m (based on £400 per patient). The lower the threshold the lesser the costs to CCGs where a digital provider is not required to set up a physical base It was **agreed** that committee members would send comments on the other sections of the consultation by 18 July.	
9.	**Questions from the Public**	
9.1	There were a number of questions from Cllr Richardson. These, together with the answers, are appended to the minutes.	
10	**Any Other Business**	
10.1	**Babylon GP at Hand Contract Variation** MJ advised the committee that confirmation had been received from the voting members of the committee to approve the contract variation submitted by Babylon GP at Hand in respect of the provision of services from Lambton Road Medical Centre, Raynes Park, SW20 0LW.	
11	**Date of next meeting**	
11.1	The date of the next meeting was confirmed as 13 August 2019 from 13.00. **Post meeting note** It was subsequently agreed with the Chair that the meeting would be moved to 20 August starting at 13.30 and finish by 15.00	