

Meeting of NHS Bristol CCG Primary Care Joint Committee Meeting

Minutes of the meeting held on Thursday 19 November 2015 at 2-3.30pm In the Lower Ground Boardroom, South Plaza

Minutes

Present:	Tara Mistry	Lay Member for PPI, Bristol CCG (Chair)
	Martin Jones	Chair, Bristol CCG
	Alison Moon	Director of Transformation & Quality, Bristol CCG
	Jo White	CCG & Primary Care Development Director, Bristol CCG
	Carol Slater	Interim Head of Localities
	Linda Prosser	Director of Commissioning, NHS England
	Marina Muirhead	Interim Head of Primary Care, NHS England
	Nicola Bowden-Jones	Service Manger Domestic Violence Services, Healthwatch
In attendance:	Sarah Carr	Corporate Secretary, Bristol CCG

1. Welcome and Introductions

2. Apologies for Absence

Apologies were received from Jill Shepherd, Becky Pollard, Judith Brown, Patsy Hudson, Dr Uli Freudenstein.

It was confirmed that the meeting was not quorate.

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of the last meeting

Tara Mistry queried paragraph 3 on page 2. It was agreed to change the minute to *whilst the committee is decision making some decisions involving NHS England finance need to go back for NHS England decision taking.*

Tara Mistry also queried the last sentence of item 6 on page 4. It was suggested that the minute was changed to *"It was noted that the Primary Care Strategy, which would be developed later in 2016, would require an aligned strategic estates plan. This accompanying estates plan would need to be sufficiently robust to submit proposals for the Primary Care Transformation*

Fund and Capital Investments.”

The Committee reviewed the actions from the last meeting:

- Item 22/07/15 2: NHS England committee members to send completed declarations of interest forms to Sarah Carr. It was confirmed that declarations of interest for Bristol CCG committee members were held. Action Closed
- Item 22/07/15 3: Jo White confirmed that Nicola Bowden Jones was invited to the meetings as a Healthwatch representative. Nicola attended the meeting. Action Closed
- Item 22/07/15 3 (2): It was confirmed that the circulation of minutes would change from 3 days to 10 days. Action Closed
- Item 22/07/15 3 (3): Terms of Reference were circulated with the minutes of the previous meeting. Action Closed.
- Item 22/07/15 4: Primary Care infrastructure Fund was on the today's agenda under item 6. Action Closed.
- Item 22/07/15 7: The protocol for public questions would be added to the website. Action remained open.

5. Approval of Revised Terms of Reference

Sarah Carr confirmed that Jo White would be added to the attendee list.

All members agreed that the Terms of Reference would not be brought back to the committee.

6. Report to Bristol Co-commissioning Group

Section 1: Primary Medical Care – Contracts Update

Linda Prosser introduced this item and explained that this section was a record of contracts, status or any significant events relating to GP contracts since the last meeting.

3 CQC reports had been published since September 2015. Sea Mills Surgery and Monks Park Surgery both received a Good overall rating however Clifton Village Practice received an inadequate overall rating. Subsequently this practice ended its contract. Patients were reregistered to practices of their choice. Linda Prosser informed the members that NHS England were in close contact with practices who had taken on most of the reregistration's and were satisfied that this transition process had gone well.

Linda Prosser confirmed that Riddingale Practice was due to merge with Bradgate and Avonmouth Practice on the 1 April 2016. This was a welcomed development. Linda Prosser also confirmed that Armada Family Practice and The Green Practice were due to merge on the 1 April 2016.

NHS England had received 2 requests for list closures from Bedminster Family Practice and Malago Surgery. These had been approved and both

practices were working closely with other practices in the area to develop a sustainable plan and meet the needs of the community. It was confirmed that NHS England would keep an eye on this situation.

Jo White asked that information around practice development in neighbouring CCG's could also be reported to future meetings. It was clarified that this was regarding practices in other CCG areas who were close to the Bristol boundary who may if there were issues cause a knock on effect to a practice in Bristol. Linda Prosser confirmed that they would bring this to future meetings for information only. This was agreed.

Action: Linda Prosser

Tara Mistry asked for clarity around what list closures meant. Linda Prosser confirmed that Practices requested a list closure when there was no capacity to take on new patients. This was a temporary measure.

Alison Moon asked if there would be review periods built in. Linda Prosser confirmed that these will be reviewed after 6 months.

Marina Muirhead commented that NHS England used the Exeter information and registration numbers to understand the growth of the list sizes and this was taken into consideration when decisions were made.

Section 2: Quality Report

Linda Prosser explained that this section of the report was currently under construction. Lindsey Scott, Director of Nursing for NHS England; South (South West) had workshops with CCG Nursing Leads to design an appropriate report. It was confirmed that the draft plan for the Quality Report would be circulated to CCG's next week.

Action: Linda Prosser

Section 3: Primary Medical Care – Finance Report

Marina Muirhead introduced this section. The overall budget for the South West of the 7 CCG's across the Primary Care spend was £722,044,000. NHS England were currently expecting to spend against this budget.

It was noted that the areas of slippage were Pharmacy and Dental contracting were outside the scope of co-commissioning.

The NHS England Primary Care QIPP target for 2015/16 was approx £6.5million. Unidentified QIPP was forecasted as not achieved and was mitigated by the use of the 1% headroom to ensure delivery of the required surplus. The NHS England South (South West) headroom was a total of £7.2million.

In regards to the enhanced services budget Jo White asked which enhanced services this involved. Marina Muirhead agreed to follow this up post meeting.

Action: Marina Muirhead

Alison Moon asked if the unidentified QIPP and used headroom would impact on the Bristol position. Linda Prosser confirmed that there would be no implications this year. Budget planning for 2016/17 would need careful consideration.

Alison Moon suggested that if the next meeting was early or mid Quarter 4 it would be useful to have a specific risk log register come to the next meeting.

Action: Linda Prosser/Marina Muirhead

Section 4: Primary Medical Services – Reviews

Linda Prosser introduced this section. NHS England had set a requirement to carry out periodic reviews of the PMS contracts held by GP practices across the country to ensure fairer funding. Bristol CCG had identified a range of legacy payments to GP practices which would be included in the review process to ensure that funding allocations were fair. In total GP practices across Bristol would benefit from £5.4 million (15%) funding over and above the £37 million which was payable for the national contract for core GP services.

All funding released by the contract review process would be reinvested in GP practices providing primary care in Bristol CCG. Jo White explained that Bristol CCG had to make the decision regarding the reinvestment by November 2015. Bristol CCG had engaged with the member practices at locality meetings, practice managers meetings and in separate meetings for those practices with concerns. Bristol CCG had also given opportunity for discussion by email.

The national & local drive looked at the activities that were done in GP practices but not included in their original contracts. Bristol CCG would reinvest released PMS funds across all practices to provide these services and reduce unwarranted variation in the services available to patients.

In order for Bristol CCG to manage conflicts of interest the Governing Body had delegated authority to the Finance, Planning & Performance committee to make the decision. The Finance, Planning & Performance committee asked any GP practice representative (GP or Practice Manager) to leave the room while the Directors, Chair and Lay Members made the decision. The decision was made and had to be ratified by NHS England at the following Directors meeting. The decision went into the public domain on Tuesday 24 November 2015 and information was added to the Bristol CCG website and shared with stakeholders.

Section 5: Prime Minister's Challenge Fund – Wave 1 & 2

Linda Prosser introduced this item explaining that Bristol, North Somerset & South Gloucestershire were in receipt of a grant of up to £9million to invest in primary care developments.

Linda Prosser reported that NHS England held a meeting of commissioners from across the three CCG's in September to do a strategic review of the processes and plans that were part of One Care Consortium who were delivering this as part of their intentions.

Other elements related to practice capacity and back office functions. Other initiatives included practice based physiotherapists. It was noted that there was potential overlap with Bristol CCG activity, and this would be reviewed.

Linda confirmed that NHS England would discuss this with CCG's and specifically concerns regarding the physiotherapists pilot.

Linda Prosser noted that it was important to be clear about the next steps, sustainability and legacy. It was important for CCG's to recognise that the IT Platform and read/write access was a commissioner legacy once the pilot ended.

It was commented that the organisation needed the capability to manage an essential technical infrastructure but also needed to maintain the circle of trust of GPs to use it.

Linda Prosser explained that the activity reports were for information and invited questions. Jo White noted that there were 15 practices who had not submitted data. Marina Muirhead confirmed that there was a plan in place and that she would update Jo White about this outside of the meeting.

Action: Marina Muirhead

Section 6: Primary Care Infrastructure Fund

Linda Prosser introduced this item and explained that the title had changed to the Primary Care Transformation Fund.

It was explained that this section was to give the committee an overview of the number of schemes and progress. There were 8 schemes for Bristol CCG under category 1 & 2 which were yet to be completed. There were 11 schemes in category 3 and project initiation documents were being developed.

Linda Prosser explained that it was possible to use 2015/16 budget to develop plans for 2016/17. There was a hazard that the focus for 2016/17 could change as the CCG strategic estates plan would be used as the decision making framework.

Marina Muirhead asked for an update on the CCG Strategic Estates plan noting the December deadline. Jo White confirmed that Bristol CCG was working to understand the position.

Jo White explained that Bristol CCG was concerned about managing expectations without knowing the value of the fund or the guidance. Members were informed that it was difficult to acquire the information needed on

existing estates from NHS Property Services. The CCG was following this up.

Linda Prosser would meet with Jo White to discuss this.

Action: Linda Prosser/Jo White

Section 7: Primary Care Development Fund

Linda Prosser introduced this item. Groups of GP practices that met certain criteria and intended to establish a sustainable model of working in line with the 5 year Forward View vision were invited to apply for funds to support the developmental process. NHS England (South West England) had set aside a limited interim local budget for immediate applications.

The Primary Care Development fund was small but aligned to opportunities within the Primary Care Transformation Fund. It was explained that after receiving applications from practices NHS England would decide which fund was most appropriate.

NHS England expected an announcement of a fund that had been negotiated by the General Practitioners Council of £10 million for potentially vulnerable practices; the allocation would be approximately £500,000 for the South West area.

Jo White asked what the criteria would be for the National Fund. Linda Prosser confirmed that guidance for the vulnerable practices scheme was not yet available Alison Moon asked if the criteria was set nationally or if there was an opportunity to influence locally. Linda Prosser explained that this could be determined locally.

It was confirmed that NHS England would work in conjunction with CCG's to ensure the approval process would be inclusive.

Section 8: APMS Procurements

Linda Prosser introduced this item and explained that NHS England in partnership with NHS Bristol CCG were in a process to procure two GP Alternative Provider of Medical Services (APMS). These were a replacement of two existing APMS contracts. NHS England was supported by NHS Commercial Solutions (NHSCS) whose role was to ensure a fair, open and transparent process. The APMS contracts out to procurement in Bristol were the Broadmead Medical Centre and The Homeless Healthcare Service.

Broadmead Medical Centre had a registered list which NHS England contracts and a walk in element which Bristol CCG contracted.

A bidders event had been held with a range of interested providers. Marina Muirhead explained NHS England hoped to have made a decision on the provider by the beginning of April 2016 with the service commencement scheduled for 1 October 2016. NHS England would update throughout the process.

7. Co-commissioning Update

Linda Prosser introduced this item and explained the deadline to make an application for delegated commissioning had closed. Bristol CCG along with the other 7 CCG's in the South West choose to not make an application for delegated commissioning.

Jo White asked if there was an update regarding the Directed Enhanced Services and Quality Outcome Framework guidance. Linda Prosser confirmed no further notification had been received. Changes to the Directed Enhanced Services were expected and a fundamental change to the Quality Outcome Framework was expected however signals indicated that there may be less fundamental changes for the next year.

8. Primary Care Transformation Fund

This item was covered in Item 6 under section 6.

9. Primary Care Data Flows

Martin Jones introduced this item and explained that this is an update on the data sharing arrangements that practices have made with the Connecting Care programme and EMIS.

It was noted that the process had gone well although there is a small number of outlier practices who have not signed a 'data sharing agreement' (DSA).

The Connecting Care team have received feedback from other connecting care partners on the gaps in GP data sharing. Hospital and out of hours teams in particular have noted that they may not be able to provide safe and equitable care for patients if they cannot access their information.

Martin Jones commented that where information is being shared via a DSA patients still have the ability to 'opt out' however the number of patients who have opted out is very low.

Alison Moon asked what the reasons were for practices not sharing data. Martin Jones responded that there were a number of issues some of which were historical. It was suggested that some practices believe that the data belongs to them.

Jo White commented that as commissioners we have opportunities when commissioning a service to have data sharing as a practice standard.

Alison Moon commented that the health & Social Care Act which came into place in 2015 has higher requirements for data sharing.

Marina Muirhead stated that there would be a new system out in April 2016 called Patients Know Best (PKB) that puts the decision of sharing information

in the hands of the patient via a technical link.

10. PMS Review Reinvestment Decision

This was covered in item 6 under section 4.

11. GP Practice Workload – Making time in General Practice

Jo White introduced this item which sets out an opportunity to address some of the potentially unnecessary workload experienced in general practice in particular in managing the different commissioner reporting and payment mechanisms. A recent report “Making Time in General Practice” by the Primary Care Foundation and NHS Alliance had identified several areas where changes could be made to reduce practice workload.

Bristol CCG along with the other BNSSG CCGs are already working with the LMC to look at activity carried out in Primary Care that was not part of the core contract and on improving the primary secondary care interface.

Jo White explained that the CCG membership GP’s were asked to consider the findings in “Making Time in General Practice” GP’s were invited to take part in a workshop to identify proposals and potential opportunities to save time in general practice, and how these could be supported.

One of the options identified was the amount of administration work for practices around reporting and getting paid and the separate pieces of information received by practices from commissioners including public health. Jo White commented that work could be done to review what improvements could be made locally, and produce a programme of work which supports general practice in better managing practice workload.

Jo White confirmed that Bristol CCG wished to work with NHS England to develop this further. NHS England recognised this was an issue and welcomed this opportunity. Linda Prosser commented that there were national initiatives to identify how some of these reporting mechanisms could be streamlined.

12. Public Questions

Mrs Baker asked throughout Bristol is there a capita per patient? For example how much does a doctor get paid to see a patient in Bedminster compared to Redland?

Jo White confirmed that there was a national agreed amount which was around £72 per patient and a formula was applied which weighted this according to the needs of the patient. The formula is called Carr-Hill and was nationally prescribed, taking into account demographic information on patient populations in particular areas. The formula had been in use since 2004 and was currently being revised nationally. In Bristol, as with many areas, there has been some additional historical funding to some practices, however this

was now being phased out. The funding fomula does not recognise practices with patients where English was not their first language. Jo White confirmed that many of these issues were being taken into account nationally and a new revised formula is expected from 2017.

13. Date of future meetings

Date: Tuesday 15 March 2016 at 2-4pm

Venue: CCG Conference Room, 5th Floor, South Plaza