

Subject to approval  
at next meeting

**MINUTES OF A MEETING OF THE  
PRIMARY CARE COMMISSIONING COMMITTEE  
Wednesday 15 January 2020 at 9.30 am  
Main Lecture Theatre, Moor Lane Mills, Lancaster**

**PRESENT:**

Hazel Parsons	Lay Member, Morecambe Bay CCG (Chair)
Mike Bone	Lay Member, Morecambe Bay CCG
Hilary Fordham	Chief Operating Officer, Morecambe Bay CCG
Jerry Hawker	Chief Officer, Morecambe Bay CCG
Gareth James	Chief Finance Officer, Morecambe Bay CCG
Dr Andrew Severn	Secondary Care Doctor for the Governing Body
Margaret Williams	Chief Nurse, Morecambe Bay CCG

**In attendance:**

Barbara Carter	Corporate Affairs Support Manager, Morecambe Bay CCG (Minutes)
Peter Higgins	Chief Executive, Lancashire and Cumbria Consortium of Local Medical Committees
Kate Hudson	Head of Primary Care, Morecambe Bay CCG
Dr Geoff Jolliffe	Clinical Chair, Morecambe Bay CCG
Zayne Mahmud-Ahmad	Medical Student, Lancaster University

**Action**

01/20 **WELCOME AND INTRODUCTIONS**

Hazel Parsons (HP) welcomed members of the Primary Care Commissioning Committee (PCCC) to the meeting.

02/20 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Anne Burns, County Councillor Cumbria and Health and Wellbeing Board Lead Member for Children, Jackie Forshaw, Head of Primary Care, NHS England and NHS Improvement North - Lancashire and South Cumbria, Derek Houston, Health and Wellbeing representative and Dr Rahul Keith, GP Executive Lead - Quality and Performance

03/20 **DECLARATIONS OF INTEREST**

Declarations of interest were requested that would be relevant to the items to be discussed on the agenda. A collective declaration of interest was raised on behalf of all Clinical GPs against agenda item 8.0. (08/20) Extended Access Contracts - Commissioning Arrangements 2020 Onwards, agenda item 9.0. (09/20)

Digitalisation of Medical Records, agenda item 10.0. (10/20) Primary Care - Quality Assurance Framework including Annual Contract Monitoring Process, agenda item 11.0. (11/20) Primary Care Commissioning of Local Enhanced Services (LES) for 2020/21 and agenda item 12.0. (12/20) Primary Care Commissioning - Quality Improvement Scheme 2020 - 2023. In addition to the declarations of interest declared Dr Geoff Jolliffe also raised a declaration of interest against agenda item 13.0. (13/20) Personal Medical Services (PMS) Contract Variations - Change of Signatories. Recorded declarations of interest can be viewed on Morecambe Bay CCG's (MBCCG) website.

04/20 **MINUTES OF THE MEETING OF THE PRIMARY CARE COMMISSIONING COMMITTEE HELD ON THURSDAY 3 OCTOBER 2019**

The minutes of the meetings held on 3 October 2019 were agreed as a correct record subject to the following amendment:-

Primary Care Network Update, page 5, final paragraph, replace the words "clinical prescriber" with "prescribing pharmacist" and replace the word "recruited" with "recruitment".

05/20 **MATTERS ARISING INCLUDING REVIEW OF ACTION SHEET**

Matters Arising - there were no matters arising.

Action Sheet - the action sheet was reviewed and updated as follows:-

Item 27/18 - Primary Care Networks/Co-Commissioning Budget Proposal. Kate Hudson (KH) provided a brief overview around the national issues relating to the APEX tool which allows practices to produce workforce plans. Practices received the funding but this was subsequently removed. A manual back-up plan is highlighted within the Quality Improvement Scheme (QIS) paper on today's agenda. Following discussions it was felt that the report was still required. On-going.

Item 29/19 - NHS England/NHS Morecambe Bay CCG - Primary Care Commissioning (Delegated Responsibility) - Memorandum of Understanding (MoU). KH confirmed that the MoU had not been signed due to recruitment issues at NHS England and some of the responsibilities had now fallen to the CCG. Hilary Fordham (HF) and KH agreed to take a further look at the MoU and the responsibilities of NHS England as to whether they are complying with the MoU. On-going.

HF/  
KH

Item 39/19 - Primary Care Commissioning Operational Group Update. Complete.

Item 41/19 - Application to Sub-Contract Clinical Services.

Complete.

06/20 **PRIMARY CARE COMMISSIONING OPERATIONAL GROUP UPDATE**

KH presented the following updates:-

Quarterly Report October 2019 to December 2019 - the report outlined discussions and recommendations made by the Primary Care Commissioning Operational Group (PCCOG). It was noted that there have been a number of significant areas which have been concluded by the PCCOG which are on today's agenda.

Jerry Hawker (JEH) asked about the extension of the GP Federation development scheme and if there was going to be a review for 2020/21. KH confirmed that the commissioned service specification was for a defined 18 month period which was due to conclude in March 2020 but had been extended to April 2020 due to operational delays in delivery of Key Performance Indicators (KPIs). As described within the Service Specification the funding was always intended as a fixed one off amount to allow the GP Federations to merge and become a financially viable, stand alone organisation. There are no plans for a 2020/21 scheme. The PCCC noted the intention for PCCOG to operationally monitor the delivery of the current scheme.

Risk Management Update - the PCCOG have increased the risk rating for the Primary Care Estate risk following information received from NHS England around a financial risk for three premises which contain four Morecambe Bay GP surgeries. NHS England have previously negotiated and challenged the rental increase from NHS Property Services. The responsibility now falls to the CCG as Level 3 Delegated Commissioners to continue with these negotiations. There is a potential risk of £100k over and above the CCG allocated budget.

Patient Experience - patient engagement relating to Askham-in-Furness is covered on today's agenda.

**RESOLVED:**

**The Primary Care Commissioning Committee noted the work of the Primary Care Operational Group.**

07/20 **PRIMARY CARE NETWORK UPDATE**

KH presented the report which provided an update on recruitment to the Primary Care Network (PCN) workforce roles for 2019/20 and the draft specifications for 2020/21 PCN Directed Enhanced Service (DES) which was out for consultation until 15 January 2020.

There had been partial recruitment from the 2019/20 DES funding within the Morecambe Bay PCNs although it was noted that some

of the roles had transferred from a pre-existing NHE England clinical pharmacist scheme. The report also detailed some of the proposed draft specifications for PCN for 2020/21. The Health Service Journal reported that NHS England are potentially going to remove two specifications around anticipatory care and personalised care together with allowing flexibility around the challenges of the care homes specification. Formal notification of these changes has not been received as yet from NHS England and the final specifications are awaited.

JEH said that substantial on-going discussions were required nationally before the specifications were published. It was anticipated that this would happen in mid to late February 2020.

Dr Andrew Severn (AS) asked what was meant by social prescribing and was it prescribing of social activity or was it a community pharmacy? KH explained there are two separate roles, one being a social prescribing link worker which would prescribe social activities and a separate role of clinical pharmacist.

Detailed discussions were held around Integrated Musculo Skeletal Services (iMSK) and pain management.

**RESOLVED:**

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

08/20 **EXTENDED ACCESS CONTRACTS - COMMISSIONING ARRANGEMENTS 2020 ONWARDS**

A collective declaration of interest was raised on behalf of all Clinical GPs against this agenda item.

KH presented the report which summarised the work to date to move towards a PCN led Extended Access Service for Morecambe Bay. The paper outlines options for contractual arrangements for the delivery of an Extended Access Service from 1 April 2020 to 31 March 2021.

PCNs DES documentation indicates that the responsibility for Extended Access Services would transfer to PCNs in 2021. Due to current Morecambe Bay Extended Access contracts expiring in December 2019 PCNs were approached and asked if they wished to adopt the service earlier. All eight PCNs confirmed they had a desire to be involved and take on the service. The Morecambe Bay Primary Care Collaborative (MBPCC) developed a delivery plan and model for Extended Access Services on behalf of each of the eight PCNs. The CCG received the delivery plan which has been presented to the Executive Committee and the PCCOG. The view of both of those groups was that it would be beneficial to extend the current arrangements for a further six months to allow further development of this scheme including some of the detail around the

proposed basis of hubs for Extended Access delivery and to enable the CCG to do an analysis and assessment based upon the services that is currently being delivered compared to what would be delivered under the new service. The MBPCC and the current providers are working together to further develop the delivery model and this will continue throughout the extended six month contractual period.

Detailed and complex discussions were held on the various options available within the report; accuracy of wording; value for money and how to address the outstanding concerns within a three month period. It was agreed that KH would present a report to the PCCC in May 2020 with an updated and detailed delivery model from the MBPCC to enable a decision to be made as to whether or not the contract should be awarded to an alternative provider following the six month extension.

KH

The PCCC were asked if they were confident that after six months the providers would be in a position to be operational. JEH said that the CCG are making a conscious decision to support PCNs. The CCG are not currently assured that the providers are in a position to take on the contract which is the reason for requesting the extension.

Gareth James (GTJ) raised a concern around the process of procurement rules and stated that the CCG could potentially be challenged around the process. JEH said that the CCG can only operate on the information available and the indication is that from 2021 the procurement of Extended Access Services will be transferred to PCNs to provide the service.

PCNs have indicated a preference for the MBPCC to provide the service on their behalf. The report states that the CCG are not assured that it would be a safe and effective transfer of the service from April 2020 given the information available and therefore have decided not to award a contract in April 2020 but to extend the existing contract to September 2020 to allow further work with the MBPCC to address the outstanding concerns. If those concerns are addressed then in principle and subject to the committee signing off the contract it would be awarded to MBPCC from October 2020.

It was acknowledged that if a delivery plan which contained sufficient detail was presented to the CCG, with both of the current providers and MBPCC in agreement, then the new service could be initiated prior to October 2020 should all parties be in agreement.

**RESOLVED:**

**The Primary Care Commissioning Committee considered the contents of the report and approved the extension of the current contracts with CHOC and PDS for a period of six months from 1 April 2020 to 30 September 2020. Full and**

**detailed delivery plans to be received by the Primary Care Commissioning Committee in May 2020.**

09/20 **DIGITALISATION OF MEDICAL RECORDS**

A collective declaration of interest was raised on behalf of all Clinical GPs against this agenda item.

KH presented the report and provided some brief information around digitalisation of medical records. The NHS Long Term Plan (LTP) states that medical records will be digitalised by 2023. Lancashire and South Cumbria Integrated Care System (ICS) Digitalisation of GP Patient Records project identified MBCCG as the pilot site for the project and provided funding for all medical records to be digitalised during 2019/20. The project had been tested by the three practices in the Alfred Barrow site.

Margaret Williams (MW) asked if anything had been reported during the pilot around loss of data that may impact on patients. KH confirmed nothing had been reported. MW requested an audit process be put in place to track any future incidents. KH provided assurance that an audit would be undertaken with the three surgeries and any learning would be included in future audits. As part of the completion process the three practices conducted an audit to ensure all patient medical records had transferred and they were able to access the records before they were destroyed.

GTJ stated that the £1.4m funding received to specifically digitalise records will not all be spent in 2019/20 and will roll over into 2020/21. It was also noted that queries had been raised by local digital leads in relation to the project. It was believed that these queries related to the transfer of records post digitalisation.

KH provided assurance that the Project Team at the ICS and the Project Group have solutions around the digital challenges in relation to how transfers in and out will work for patients that are coming from and to areas that do not have digitalised records.

Mike Bone (MB) asked how long paper copies were legally required to be kept. KH confirmed that a written document from NHS England's Central Team had confirmed the paper records could be destroyed once digitalised.

**RESOLVED:**

**The Primary Care Commissioning Committee noted the “proof of concept” work completed to date and recommended continuation of the roll out of the project to the whole of Morecambe Bay as outlined in the paper.**

10/20 **PRIMARY CARE - QUALITY ASSURANCE FRAMEWORK INCLUDING ANNUAL CONTRACT MONITORING PROCESS**

A collective declaration of interest was raised on behalf of all Clinical GPs against this agenda item.

KH presented the report and said that as Level 3 Delegated Commissioners of General Medical Services the CCG was required to have an agreed process for monitoring and ensuring the quality of services commissioned from GP practices. This not only gives assurance to the CCG in respect of commissioning decisions made but also enables the CCG to provide assurance to NHS England on the quality of services delivered.

Jackie Forshaw, Head of Primary Care, NHS England and NHS Improvement was not in attendance at the meeting but had confirmed verbally beforehand that the framework was suitable and confirmed that NHS England were comfortable with the process. KH advised that any concerns identified throughout the process would be escalated to NHS England's Quality Forum where necessary. It was noted that the framework was also supported by the PCCOG. MW requested a reference be included stating the framework be read in conjunction with the Quality Assurance Framework.

**RESOLVED:**

**The Primary Care Commissioning Committee considered the process set out in the Quality Assurance Framework and agreed to the adoption of this going forward.**

11/20 **PRIMARY CARE COMMISSIONING OF LOCAL ENHANCED SERVICES FOR 2020/21**

A collective declaration of interest was raised on behalf of all Clinical GPs against this agenda item.

KH presented the report which provided the proposed service specifications that forms commissioning intentions in relation to the Primary Care LES for Morecambe Bay in 2020/21. Assurance was provided that the majority of the LESs being proposed remains the same with no significant changes from those previously agreed by the Governing Body and the PCCG. The one amendment noted was around a South Cumbria scheme for issuing Zoladex to patients with prostate cancer being expanded across the Morecambe Bay footprint and was included within the document.

KH said that if there were any concerns in relation to any delivery of the LES they would be picked up by the Primary care Team or through the annual quality visits with the practices. It was noted that the CCG do not routinely audit each practice delivering LES through the quality assurance process.

MW requested a line be inserted in the quality section to trigger intelligence and communications around incidents and near misses which would support assurances.

**RESOLVED:**

**The Primary Care Commissioning Committee considered the contents of the report and approved the commissioning of Local Enhanced Services in line with the documents attached to the report.**

12/20 **PRIMARY CARE COMMISSIONING - QUALITY IMPROVEMENT SCHEME 2020 - 2023**

A collective declaration of interest was raised on behalf of all Clinical GPs against this agenda item.

KH presented the report which outlined the proposed commissioning intentions in relation to the QIS. The scheme would run for three years with a review at each financial year end to confirm the individual domains remain appropriate.

The content of the QIS has been amended following review of the ICS Primary Care Quality Standards and ICP priorities. Also included were some significant indicators relating to Population Health Management; ICS priorities for procedures of limited clinical value and Learning Disabilities agreed by the Joint Committee of CCGs.

Discussions were held on how to address variations within GP practices. KH confirmed that consideration to this would be included when drafting the specification for year two of the scheme.

GTJ requested the wording within the finance section of the report be amended to provide stronger clarification around the three year duration. KH agreed to amend the wording.

KH

**RESOLVED:**

**The Primary Care Commissioning Committee considered the content of the report and agreed the commissioning of the scheme from April 2020 for a three year period.**

13/20 **PERSONAL MEDICAL SERVICES CONTRACT VARIATIONS - CHANGE OF SIGNATORIES**

GJ raised a declaration of interest against this agenda item as he was previously a GP within Risedale Surgery. As GJ was a non-voting member of the PCCC it was agreed that he could remain within the meeting.

KH presented the report and explained the differences between a General Medical Services (GMS) contract and a PMS contract. Two requests for contract variations to PMS contracts have been

received from Risedale Surgery, Barrow-in-Furness and Waterloo House Surgery, Millom. The report proposed that the CCG supports and approves the contract variation for Risedale Surgery as the remaining partners within the contract are able to continue the delivery of the services and there has been no fundamental changes that would affect the ability to deliver the contract.

On-going discussions are being held with the remaining partners at Waterloo House Surgery as to what their revised partnership agreement would look like. Once a resolution has been agreed and the CCG are assured the contract variation would be approved.

It was noted that Cumbria Partnership NHS Foundation Trust (CPFT) would be removed from the wording of the contract as CPFT no longer exists.

**RESOLVED:**

**The Primary Care Commissioning Committee considered, approved and noted the following:-**

- **Considered and approved the request by Risedale Surgery for the signatories to the contract to be amended.**
- **Noted the information in respect of Waterloo House Surgery.**

**14/20 PRIMARY MEDICAL CARE ESTATE - PROCESS FOR APPROVING APPLICATIONS FOR FUNDING**

KH presented the report which sets out the process around the PCCOG reviewing bids received for funding towards the costs of improving primary care premises. The report also sets out the known position in respect of the current premises used by primary medical care providers.

KH provided a brief overview of the estates evaluation tool and explained that the procedures included are things that will be deemed useful to assess future bids.

**RESOLVED:**

**The Primary Care Commissioning Committee reviewed the contents of the report and agreed the adoption of the process going forward.**

**15/20 PRIMARY CARE COMMISSIONING - AUDIT REPORT**

KH presented the report for information. The CCG were notified of a planned internal audit of the Delegated Commissioning responsibilities in relation to GMS in December 2019. The audit focused on Governance and Contract Management and Oversight. The overall rating of the report demonstrated that the Auditors had

“substantial assurance” in relation to the CCG’s management of Delegated responsibilities for Primary Care. The second part of the audit will be received at a future PCCC.

The PCCC acknowledged that this was a very positive result given that the CCG had only been Level 3 Delegated Commissioners for less than one financial year.

**RESOLVED:**

**The Primary Care Commissioning Committee noted the contents of the report together with the proposed action plan for implementation of the audit findings and recommendations.**

16/20 **FUNDING TO GENERAL PRACTICES WITH A-TYPICAL POPULATIONS**

KH presented the report and explained that two practices within MBCCG are in receipt of A-typical funding which is additional to core contract funding. The funding is given in recognition of the two practices having A-typical populations.

The funding allocated in 2018 was time limited and for both practices and the contracts were due to come to an end in June 2020. KH provided some background information to the A-typical funding and the proposal for reviewing the continuation of this going forward. It was noted that a significant piece of work needs to be undertaken in relation to GP providers in Morecambe Bay as there may be more than two practices which fit within the A-typical criteria. It was proposed that the CCG extend the current arrangements to ensure sufficient time is available to undertake a full and thorough assessment of A-typical populations.

JEH said that given the CCG’s relatively unique geography of having a large University campus on its footprint and areas of significant ruralisation it was important to note that NHS England’s guidance recognises that those are two environments in which an A-typical contract may be awarded. It was also important that the CCG’s approach was equitable, fair and transparent. JEH reiterated that the Cahill formulation did not apply to the A-typical criteria set by NHS England and this would not be considered as part of the A-typical review.

Detailed discussions were held on the four options available within the report together with any implications.

**RESOLVED:**

**The Primary Care Commissioning Committee considered the content of the report including the options available and agreed to approve the following options. KH agreed to bring an update report to the Primary Care Commissioning Committee in October 2020.**

KH

- **Section 1 - A-typical Funding 2020/21. Option 3: Continue the funding in 2020/21 only (a six month's extension from June 2020).**
- **Section 2 - Review of A-typical Funding. Option C: Review of current practices and all other practices in isolated areas.**

## 17/20 **ASKAM-IN-FURNESS UPDATE REPORT**

KH presented the report and provided a brief update in respect of the provision of GP services to patients registered at Askam Surgery in Askam-in-Furness prompted by the decision by Dr Jain the sole GP at Askam Surgery to retire. Dr Jain has decided to terminate his contract and has given notice that he will cease to provide services from 31 March 2020.

In order for the CCG and NHS England to determine the future of the local GP provision a Health Needs Analysis will be undertaken. Patient drop-in sessions are being arranged at Askam Surgery over the next few weeks together with paper and online surveys. A letter will be sent to Dr Jain's patients to ensure they are aware of the situation and to re-assure them that arrangements will be put in place so they can have continued access to GP services and to gather their views in relation to the future provision.

KH has written to Dr Jain and acknowledged and accepted his resignation. The Health Needs Analysis will direct the CCG to one of the two following options:-

- 1) A list dispersal which will mean that the current contract and the current surgery will close and patients registered at Askam Surgery will be invited to re-register with another practice.
- 2) Re-procure the contract and find a new provider for a service in Askham.

There are a number of complications to both of those options mainly due to the fact that the current provider owns the surgery premises. It was not guaranteed even if the CCG went out for procurement that a service could be delivered from that site.

Detailed discussions were held on the actions and decisions needed to be undertaken by the PCCC. It was recommended that the options appraisal for a decision in terms of the future of the surgery be available by week commencing 17 February 2020. KH to seek advice from Travis Peters, Equality and Inclusion Business Partner, Midlands and Lancashire Commissioning Support Unit around an Equality Impact Assessment.

**KH**

KH and Kay Wilson from the Primary Care team were thanked for the work undertaken with the practice, practice staff and others.

**RESOLVED:**

The Primary Care Commissioning Committee received the paper for information and noted that at this stage there were no identified risks. Further reports will be presented to future meetings of the Primary Care Commissioning Committee which will include all risks.

18/20 **CARE QUALITY COMMISSION REPORT - WRAYSDALE HOUSE, CONISTON**

Received for information.

**RESOLVED:**

The Primary Care Commissioning Committee noted the contents of the report. Further reports will be presented to future Primary Care Commissioning Committee meetings.

19/20 **PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE**

KH presented the updated PCCC Terms of Reference (ToR) following recommendations received from Internal Audit.

**RESOLVED:**

The Primary Care Commissioning Committee approved the changes to the Terms of Reference as proposed within the document.

20/20 **PRIMARY CARE COMMISSIONING OPERATIONAL GROUP REVISED TERMS OF REFERENCE**

KH presented the updated PCCOG ToR to reflect the full role of the PCCOG together with amendments to the membership.

**RESOLVED:**

The Primary Care Commissioning Committee reviewed and approved the Primary Care Commissioning Operational Group Terms of Reference.

21/20 **PRIMARY CARE FINANCE UPDATE**

GTJ presented the report which provided an update on the year to date financial position in relation to Primary Care Commissioning and other Primary Care expenditure.

It was noted that there may be financial risks in relation to the Askam Surgery but these would be included in any future reports upon Askam Surgery.

**RESOLVED:**

The Primary Care Commissioning Committee noted the CCG's financial position in relation to Primary Care Commissioning

and other Primary Care expenditure for the period to 30 November 2019.

22/20 **ANY OTHER BUSINESS**

There was no other business.

23/20 **DATE AND TIME OF NEXT MEETING**

Thursday 2 April 2020 at 10.30 am, Main Lecture Theatre, Moor Lane Mills, Lancaster.

**\*\* Post Meeting Note \*\***

An additional meeting has been arranged to be held on Tuesday 18 February 2020 at 10.00 am, Askam Band Hall, Askham-in-Furness.

Draft