

NHS Castle Point & Rochford CCG & NHS Southend CCG Primary Care Co-Commissioning Committee

PART I

Meeting in Common

Wednesday, 15th January, 2020, 1pm-3pm
Audley Mills Education Centre,
Rayleigh

MINUTES

Attendees from Southend CCG:			
Dr Jose Garcia-Lobera	(JGL)	CCG Chair	NHS Southend CCG
Attendees from CP&R CCG:			
Dr John Weir	(JW)	Independent GP	NHS CP&R CCG
Attendees that sit across CP&R and Southend CCG:			
Pauline Stratford	(PS)	Lay Member Patient Engagement (Chair)	NHS CP&R & Southend CCG
Mark Barker	(MB)	Chief Finance Officer	NHS CP&R & Southend CCG
Vicky Cline	(VC)	Primary Care Lead Nurse	NHS CP&R & Southend CCG
Simon Williams	(SW)	Director of Primary Care & Strategy	NHS CP&R & Southend CCG
Tricia D'Orsi	(TD)	Chief Nurse	NHS CP&R & Southend CCG
Janis Gibson	(JG)	Lay Member Patient Engagement	NHS CP&R & Southend CCG
Claire Routh	(CR)	Head of Communications	NHS CP&R & Southend CCG
Zaf Quadry	(ZQ)	Head of Medicines Management	NHS CP&R & Southend CCG
Tracey Grimbley	(TG)	Lay Member for Governance	NHS CP&R & Southend CCG
Sharon Judge	(SJ)	Executive Assistant (Minute taker)	NHS CP&R & Southend CCG
In Attendance:			
Sally Simmonds			
Alison Birch			
Apologies received from:			
Dr Sunil Gupta		Jenni Speller	
Dr Krishna Chaturvedi			

1.	Welcome and Apologies	
	The Chair welcomed everyone to the meeting in common of the Southend & CP&R CCG's Primary Care Co-Commissioning Committee.	
	Apologies were noted as above.	

2.	Declarations of Interest	
	<p>Members of the Committee were reminded of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of CP&R/Southend CCG and that declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the Committee Secretary to the governing body or the CCG website at the following link: https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/2508-declarations-of-interest-governing-body/file or https://southendccg.nhs.uk/about-us/key-documents/320-nhs-southend-ccg-governing-body-declarations-of-interests-register/file</p> <p>JG declared an interest in relation to PCNs and Social Prescribing.</p>	
	<p>The Chair declared that the meeting was quorate and that conflicts would be raised as the agenda progressed.</p>	
3.	Minutes from the meetings held on the 13th November, 2019	
	<p>The minutes from the meeting held on 13th November, 2019 were agreed as an accurate account of the discussion.</p>	
4.	Action Log from the meeting held on 13th November, 2019	
	<p>The Action Log was updated as detailed below:</p> <p>Action 48: SS to update the ToR of Locally Commissioned Services Review Group to reflect that the group are not decision makers. SS to give update in March.</p> <p>Action 49: Invitation to be sent to all Committee members to the GP Recruitment Celebration Event on 4th December. ACTION COMPLETE</p>	
5.	Quality Report	
	<p>VC was in attendance to present the Quality Report and took the paper as read highlighting the following points:</p> <p>A recent CQC report has rated Carnarvon Medical Centre as requires improvement. However, the report did not highlight any concerns with clinical safety all concerns were in relation to clerical processes.</p> <p>Dr Palacin is due a CQC visit at the end of January and the practice is fully aware and is prepared for this.</p> <p>The CQC report for Southend Medical Centre was published in December, 2019 and rated the practice good overall. The report gives a number of recommendations and the Quality Assurance Nurse is working with the practice to put an action plan in place.</p> <p>The Quality Assurance Nurse continues to meet with all practices and offer support but two practices have declined this offer.</p>	

One Serious Incident has been reported within CP&R CCG and the practice is in the process of completing a serious incident review. There has also been one Serious Incident reported within Southend CCG and the three day report is still outstanding.

Complaints data has been received from NHSE and this will be discussed at more detail in Part II.

Friends & Family Test results remain disappointing but it is thought practices are collecting data but not submitting it.

JW asked if this data served a purpose and was used in any way and VC replied that the CCG use it to monitor patient experience but was unsure whether NHSE used the information.

PS said that her practice offers patients the opportunity to write comments on any suggestions they may have and JG pointed out that elderly patients may not have access to technology. VC agreed with this and said that all practices provide paper copies if requested.

JGL arrived at 1:15pm

Uptake of the flu vaccine is improving but for over 65s it remains disappointing and is unlikely to reach the national target of 75%. Practices report that patients are being invited for vaccination but many are choosing to ignore it. As there are alternative providers of the flu vaccine this will also affect CCG results.

CR reported that social media is being used to promote flu clinics and reach as many people as possible. As a result of this, issues raised include patients being told by their practice they have missed the deadline for vaccine.

SW said that going forward the community pharmacy would be working closely with PCNs.

All care home staff have received training on the importance of getting vaccinated and posters will be displayed in staff rooms. The Lead Nurse for care homes is in the process of collating data that shows care home residents are deciding not to be vaccinated and an update will be given when available.

Notification has been received from one care home confirming two cases of flu and this will continue to be monitored.

Vaccination of 2-3 year olds has increased.

Approximately half of all CCG staff have now been vaccinated through clinics provided by the CCG and a questionnaire been sent to all staff to see how many people have used alternative providers. The committee were asked to approve that any staff having the flu vaccine now are able to claim the fee back on their monthly expenses to save the expense of another clinic.

The quality team continue to work to improve the uptake of all vaccinations.

A request has been made for all mandatory training to be covered during future Time to Learn sessions.

The Joint Primary Care Co-Commissioning Committee NOTED the contents of the Quality Report as presented and APPROVED the request for staff to claim flu vaccines on monthly expenses.

6. Finance Report

MB presented the Finance Report for Month 8 and took the paper as read, highlighting the following points:

Castle Point & Rochford

Risks remain the same as last month:

- Premises cost reimbursements
- Premises rates reimbursements
- Locum costs
- Dispensing/Prescribing doctors
- QOF
- Seniority payments for the previous year

MB felt that an increased reserve of 1.6% set aside to mitigate the above risks was adequate.

JW asked what would happen if the reserve was not fully utilised and MB felt confident that it would be fully spent. However, an underspend in primary care and transformation reserves is expected. This data is updated monthly and will not be due to a lack of schemes but working out timings of when they can start. However, the difficulty is that at month 8 it is hard to find non-recurrent schemes that can begin quickly. The primary care team are looking into possible schemes.

It is hoped that any underspend will be reduced significantly by the end of the year.

Southend

MB explained that the picture for Southend was similar to CP&R CCG.

The risks for Southend CCG remain the same as for CP&R:

- Premises cost reimbursements
- Premises rates reimbursements
- Locum costs
- Dispensing/Prescribing doctors
- QOF
- Seniority payments for the previous year

AB asked why Queensway is showing a variance of £78k from plan and MB was unable to give a response but agreed to look into this.

JW asked why SCCG transformation surplus was much smaller than that of CP&R and SW pointing out that there are significantly more care homes in Southend which would create a bigger spend.

TD arrived at 1:30pm

	<p>The Joint Primary Care Co-Commissioning Committee APPROVED the Finance Report for Southend CCG and Castle Point & Rochford CCG as presented.</p>	
7.	Contract Update Report	
	<p>SS presented the Contracting Update and took the paper as read, highlighting the following points:</p> <p>There have been a number of applications for contract variations as detailed in the report.</p> <p>The report included an update on the progress of PCNs together with an update of primary care estates which was provided by Philip Kingsbury, Estates Lead for South East Essex.</p> <p>A parachute framework has been put in place and six providers are now in place to form a pool of resource for times of urgent need. A training event will be arranged within the next four weeks to share information on the process.</p> <p>SW informed the committee that the consultation on PCN service specifications closed today and has received a good number of responses.</p> <p>The Joint Primary Care Co-Commissioning Committee NOTED the contents of the Contracts Report as presented.</p>	
8.	Drugs & Therapeutics Terms of Reference	
	<p>ZQ presented the Drugs and Therapeutics Committee Terms of Reference for approval by the committee.</p> <p>The Drugs & Therapeutics Committee will have all decisions ratified by the PCCC before implementation.</p> <p>The Joint Primary Care Co-Commissioning Committee APPROVED the Drugs & Therapeutics Committee Terms of Reference as presented.</p>	
9.	Quality Assurance Nurse Update Report	
	<p>VC presented the Quality Assurance Nurse Update Report and took the paper as read, highlighting the following points:</p> <p>The report gives a brief oversight of what the Quality Assurance Nurse has been involved in since joining the CCG and notes her progress to date.</p> <p>A number of themes and trends have been noticed during practice visits and the Quality Assurance Nurse has been providing practices with the support they need. Two practices have declined the offer of visits as they feel they do not need support at this moment in time, although should they change their minds support will be made available.</p> <p>The Quality Assurance Nurse has been working with the communications team to roll out the 15 step challenge which is a tool practices can use to get insight into</p>	

	<p>the service patients receive within the first 15 steps of entering the building. It is hoped that one practice will work as a pilot site sometime in February.</p> <p>During practice visits the importance of LD and SMI health checks and MMR vaccines are.</p> <p>JG asked who the contact point was at the practice and VC confirmed that visits are arranged through the practice manager and involve staff that are at the practice at the time of the visit.</p> <p>JGL asked if there are any concerns with the practices that have declined the offer of support and VC replied that her only concern would be that one has a practice manager new to the role with no experience of CQC visits. The offer of support will continue to be made and TD will be made aware of any concerns.</p> <p>CR has been informed that a member of Carers First will be making quality visits to all practices to see if they are carer friendly.</p> <p>TD brought to the attention of the committee that the role of Quality Assurance Nurse has been funded through transformation funding and is due to come to an end at the end of March. TD felt there has been a benefit for this role and asked the committee if they would like to explore the role further to see if there is any appetite to develop the role further.</p> <p>The Joint Primary Care Co-Commissioning Committee NOTED the Quality Assurance Nurse Update Report as presented and AGREED that the role should be explored further.</p>	
10.	Any Other Business	
	There were no other items for discussion.	
11	Next Meeting Date:	
	<p>Wednesday, 11th March, 2020 1pm-3pm Audley Mills Education Centre, Rayleigh</p>	