

Primary Care Co-Commissioning Committee – Public
 14 November 2017, 1.30pm – 3.00pm, Room 514, Old Market House

MINUTES

Present:

- Sylvia Cheater (SC) - Lay Member-Patient Champion, Wirral CCG (Chair)
- Dr Simon Delaney (SD) - GP Clinical Lead, Wirral CCG
- Alan Whittle – Lay Member, Wirral CCG
- Dr James Sowery (JS) - GP/Members Council Chair
- Carla Sutton (CS) – NHS England
- Phil McGunigall (PMc) –Practice Manager Lead Wirral CCG, Civic Medical Centre
- Lorna Quigley (LQ) – Director of Quality and Performance , Wirral CCG
- Mike Treharne (MT) - Chief Finance Officer, Wirral CCG
- Tom Knight (TK) – NHS England
- Martyn Kent (MK) - Assistant Director Primary Care Transformation Wirral CCG
- Nesta Hawker (NH) - Director of Commissioning, Wirral CCG
- Sarah Boyd-Short (SBS) – Senior Commissioning Lead – Primary Care

In attendance:

- Natalie Caffrey – Admin Support

Item	Action No
ITEM 1	
PRELIMINARY BUSINESS	
(Chair)	
1.1	The Chair welcomed everyone to the meeting and introductions made. Apologies for Absence Iain Stewart
1.2	Declarations of Interest The standard declarations were made by GP committee members Dr Simon Delaney & Dr James Sowery .
1.3	Chair’s Announcements This meeting is classified as an ‘extraordinary meeting’ as there were two main papers to be discussed. New member Phil Gunigall, Practice Manager CCG Lead was welcomed to the meeting.
1.4	Minutes and Action Points of Last Meeting – 2 September 2017 Minutes from September meeting were not discussed, but were acknowledged and will be reviewed for accuracy. SC advised that the next meeting is in December and will occur bi-monthly.
1.5	Action Log C/F to December meeting.
1.6	Matters Arising

Item		Action No
	None declared due to extraordinary meeting.	
ITEM 2		
2.1	<p>Community Phlebotomy Service (Sarah Boyd-Short)SBS presented a paper detailing 2 options for the recommissioing of the service. The committee were updated on the background and current position. Patient and member engagement demonstrates a preference for a practice led provision and a combination of appointments and drop-in locations.</p> <p>Option A Practice Led Provision Proposal of a Local Commissioned Service with amongst practices under a disaggregated budget approach. This is stongly supported by the outcomes of patient and member practices engagement.</p> <p>Option B Prime Provider Contract Proposal of procuring one single organisation to have full responsibility for delivery. This option was not supported by GP members.</p> <p>If option A is agreed the CCG requires assurance in regards to service delivery in line with the specification requirements.</p> <p>NH advised option A would enable practices to effectively manage demand including domiciliary visits and greater flexibility with appointments. . MT highlighted the importance of around the transition between provider to ensure upon service continuity and assurance for service delivery.</p> <p>Providers will be responsible for the submission of performance dashboards as part of formal contract management.</p> <p>SBS advised that an implementation plan will be requested from providers to ensure a seamless service transition.</p> <p>ACTION: Update on implementation plans to be brought back to committee for information and review.</p> <p>Voting committee members supported option A.</p>	

Item		Action No
		SBS
ITEM 3		
3.1	<p>Wirral GP Access Hubs - service specification (Martyn Kent)</p> <p>MK presented the new proposed service specification to be commissioned from 1st April 2018. The specification was designed to meet the 7 Core Requirements mandated by NHSE which the CCG would receive £3.34 per patient. This when added to the existing £340k per annum budget provides approximately £1.44m for the new financial year.</p>	Decision

Item		Action No
	<p>Two NHS Standard Contracts are currently in place with each GP Federation with options to extend by 1 year from 1st April 18 and also 1st April 19.</p> <p>Main changes compared to the current service being provided:</p> <ul style="list-style-type: none"> - 9mins to 30 mins per 1,000 appointment capacity (167 hours per week) - Minimum 70% apps must be GP and the remainder other health professionals - Opening hours overall need to be 6.30-8pm Monday to Friday and 8am-8pm on a Sunday. - Less than 10% DNA rate <p>(Current DNA rates for booked appointments are at 10-15%.)</p> <p>A definition of what the service is to support is required i.e. for those working to be able to access primary care outside working hours or to support urgent care demand. NH advised that it has to support both considering the current urgent care position and financial constraints. Several members agreed that there needs to be clear assurance that these are extra appointments to patients.</p> <p>LQ explained that booking in advance for the weekend would be an advantage for working people, as this may be the only time they can attend.</p> <p>MT ensured that the CCG needs to deliver efficiency and everyone needs to understand the purpose of the extra appointments.</p> <p>It was agreed that 9 sites be delivered in each of the Place Based Care Localities including Arrowe Park Hospital. This was to support the service development for economy of scale in terms of future alignment with other services.</p> <p>The service must also support the GP Streaming Requirement from APH Emergency Department into GP appointments from 1st April 2018.</p> <p>The committee agreed to extend the contracts for 1 further year held with both Federations against the new service specification. The extension was subject to a more detailed operational timetable being presented and approved by the committee.</p> <p>Action: MK to work with both Federations to bring back to the committee a detailed Operational Timetable prior to contracts sign off.</p>	<p>MK</p>