

DRAFT Notes:

TITLE: Joint Locality / Federation Commissioning Meeting– North East

Held on: 8th May 2019, 13:00 – 15:30pm

Venue: PML Offices, Bicester, OX26 3HA

Paper 1 v2

Draft

	STANDING ITEMS	Action
1.	Welcome: WO'G welcomed all to the meeting.	
2.	Apologies: MW, SM, RN See attendance list at end of notes.	
3.	Declarations of interest + AOB : There were no DOI's.	
4.	Notes of the Meeting held on 10.4.19 The notes were agreed as a correct record.	
5.	Matters Arising: <u>Test Results</u> – JAH confirmed that Dr Merlin Dunlop was looking at improvements in this area on a countywide basis – more to follow in the GP Bulletin when known. AccuRx – more to follow as this is being picked up and discussed centrally by OCCG.	JAH
	<u>Cotswold House</u> – (March notes) RN not in attendance so pick up May meeting. Likewise JAH had emailed Juliet Long and will chase for a result. No information to date – add to June meeting.	JAH
6.	PPG forum update: HVO advised the three Bicester practices had met to share ideas. Help had been provided at the evening diabetes meetings etc. Useful leaflets had been produced. On the Kidlington side the Forum was keen to see more engagement from Gosford Hill MP. Was the practice able to update on engagement at the next meeting please?	SallyM
	ITEMS REQUIRING CLINICAL FEEDBACK:	
7.	Prescribing Incentive Scheme – here Sara Wilds and Jane Bennett attended to discuss the aspects of the scheme. The main area of concern was the financial gateway; without practices passing this then no funding is available as the scheme relies on savings	

	<p>being made. LMC had red rated the scheme. Practices requested further information on whether the payment was made per PCN, or per practice as it wasn't clear. If a practice achieves the savings will they still get the funding if the PCN has not met the gateway?</p> <p>DF advised that the quality elements actually take a lot of work, and therefore if there is little expectation of the financial saving then it may be that the focus of the practice is elsewhere.</p> <p>SW confirmed that exceptionality discussions with the MMT would still be relevant this year, and the intention was to support practices to achieve the scheme.</p> <p>CM confirmed that the scheme had been developed with GP Lead input (Dr Miles Carter) and practices were able to sign up should they wish to.</p> <p>SW explained this is the last year of the scheme as next year a national scheme is expected – likely to be at PCN level.</p> <p>NE practices had been PINCER pilots, so this area was not an issue, but it was noted that Bally's term ran to the end of summer, and then someone needs to come forward to pick up the training . JB agreed to support whoever came forward.</p>	<p>note</p> <p>Practices JB</p>
	<p>JD said she would request a copy of the LMC red rated paper so she could be clear on what the issues were. A suggestion was made that the prescribing incentive schemes could be used to offset the 30% PCN funding for the PCN clinical pharmacist. JD confirmed that the prescribing incentive scheme could not be used to fund staff as it was not recurrent. SW to check if the funding could be used on a non recurrent basis.</p>	<p>JD</p> <p>SW</p>
8.	<p>SW to clarify gateway requirements.</p> <p>JD to clarify what the savings can be used on if achieved.</p> <p>PCNs – LMC guidance here</p> <p>The group discussed joint issues put forward by JH before breaking into separate PCN areas.</p> <p>Q&As – is there more Q&A information coming – yes from the workshops (currently with LMC for checking) and more expected nationally. JD to circulate when to hand. Papers get loaded to the OCCG website PCN section here: https://www.oxfordshireccg.nhs.uk/professional-resources/primary-care-networks.htm</p> <p><u>Practice income</u> – Q around how this will be policed, with thoughts that practices would need to declare earnings, and the 2% will be based on the previous year accounts.</p> <p><u>Boundaries</u> – JAH identified some map gaps which needed covering. A discussion following over whether the PCNs were responsible for the populations or the geography of the CCG. The guidance refers to</p>	<p>SW JD</p> <p>JD</p>

	<p>both. Practices work on populations. JAH advised that Bucks boundaries covered some of the smaller gaps on the right of the boundaries, and also the lump at the top of the locality. Brackley practice also covered the final tiny section of the area.</p> <p><u>PCN staff employment</u> – following an email to JD, JH asked where the counting point for additionality starts? JD confirmed that this is 31 March 2019. Funding comes in the relevant year so if staff are employed now that would count as additionality. She reminded the group that there were still unknowns so things may change. In Year 2 there would be a pot of funding for all permitted staff and it would be up to PCNs to decide how to apportion the funding across the permitted staff members. Caution was expressed over only employing one domain of staff when a mix may be a better fit for the future and exceeding the 70% of funding which would be made available. Funding can be flexed across professions with CCG approval, however hiring without the funding to do so is a risk. JD agreed to seek national clarification around any employment caveats coming.</p> <p>JD agreed to ask LMC to clarify their knowledge and run some scenarios.</p> <p>The LMC paper is very clear around maximum staff numbers.</p> <p>Q re employment of staff if PML hold the contract – say 1 x pharmacist now and employ a further pharma., one badged PCN and one not – is it as a named individual or post?</p> <p>A – JD to share the draft financial guidelines she has seen which addresses how additional staff will be reimbursed.</p> <p>JD asked practices for confirmation that some PCN correspondence could go to PML who are acting for the NE PCNs – this was agreed by practices.</p> <p>Q – how will the £1.50 and £1.76 start?</p> <p>A – There was a clear table in the guidance which looks out how and when funding will transfer to PCNS. JD agreed to advise what funding was coming automatically and what needed to have proof of spend.</p> <p>Q – does the current social prescribing in place count re new funding?</p> <p>A – no as that is a separate funding stream, although PCNs may well wish to speak with the current provider as to whether they wish to add their PCN funding to this CAB scheme as a subcontract, or do something differently. However the CCG has not yet been sent the workforce survey and so it is unclear if this will need to be declared in the baseline.</p> <p>It was confirmed that for prescribing, the current post holder was not part of the national scheme and is funding passed from OCCG to</p>	<p>JD</p> <p>JD</p> <p>JD</p> <p>JD</p>
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	<p>PML – paid last year (17/18) for person in post this year (?started October 18). It was unclear whether this is counted as part of the March 19 baseline.</p>	
8a.	<p>A conversation took place on whether the role of SP required professional qualifications for a certain model of delivery, or could be varied depending on the PCN areas health / social needs, for example someone with more of a mental health focus.</p> <p>JD confirmed that OCCG was not expecting to measure the output of the role, rather it was about how the 7 x specifications would be met – however the PCN chose to do that.</p> <p>EB confirmed that NHSe has some clear guidance (here), and it was noted there is a National Association of Link Workers with a core set of standards / competencies.</p> <p>HF raised the need for roles and training to be aligned, e.g. HCAs and motivational interviewing etc.</p>	note
8b.	<p><u>Kidlington, Islip, Woodstock, Yarnton (KIWY) update</u> – MW had signed the Contract Agreement which JAH handed to the other practices to add their signatures.</p> <p>Schedules – due end of June. These seemed to be legal contractual forms which need contractual understanding. The PCN practices would look these over and discuss with PML but would likely have queries around working in / out of PCNs. EB confirmed that the BMA were trying to draw up draft schedules (see their web pages) which could be useful to the Clinical Directors and others.</p> <p>Information included list coverage, voting, how decisions are made, formalities around finance, joining / leaving / conflicts of interest – which can all be tailored locally.</p> <p>The current NE Locality constitution document as a model is here.</p> <p>The OCCG overarching constitution is here.</p> <p>A question was raised around version control and changes to schedules and CM confirmed it would be sensible to have this covered with a template showing date / updates / key changes agreed, along with version. . It was agreed important that processes were clear if conflicts did arise.</p>	note
9.	<p><u>Bicester PCN</u> – signed their PCN Network Agreement following internal discussion. A query was raised around whether Federation signatures were required as these were not strictly members – JAH to check with JD.</p> <p>It was agreed that the June Locality meeting would be used to complete the schedules. WO'G sought feedback from practices on how they would like to see the Locality meetings used in future – views to JAH.</p>	Note
		JAH/JD
		ALL

	<p>EB gave a presentation of the current PML offer –see here. HVO asked what safeguards were in place to keep pharmacists in commercial pharmacies as well, so that patients had choice and waits were not too long. Medicines Management team are currently looking at waits and acute prescribing.</p> <p>ONEMED – Joint discussions / updates: time used for PCN discussion – activity update here. Update for June meeting. .</p>	<p>note</p> <p>TQ</p>
	ITEMS FOR INFORMATION AND DECISION	
11	none	
	FORWARD PLANNING	
12.	Locality Community Services Group update: June agenda item.	JAH
13.	Diabetes Update: June agenda.	JAH
14.	Bicester Healthy New Town: June agenda.	RR
15.	Social Prescribing: See discussions above.	RR
	WHITE SPACE/ ANY OTHER BUSINESS	
16.	<u>Integrated cardiology services</u> – WO'G updated on this in-county pilot, and the need to use one form for any referral. No letter now needed. This would be triaged by a cardiologist. Apps were being allocated with attendance possible at BCH and OUHFT.	ALL
17.	<u>Rego Referral System</u> – here David Ezra attended with colleagues Adam.heath@vantage.health and Sandy Shaughnessy to present, and give a system demonstration. See paper here. This company are working with Tom Nichols at OCCG, and seeking practices interested in piloting the system. Almost all NE practices have now come forward.	Note
	ITEMS FOR INFORMATION	
	<p>Paper 5 – OCCG briefing when out Board meetings here</p> <p>Paper 6 - Planned Care project updates</p> <p>Date of next meeting: 8 May 2019, 1-3.30pm at PML Offices, Bicester</p>	

Attendance: 10.4.19

Practice	Representative	Present / Apols
Alchester Medical Group = Langford MP & Victoria House Surgery	Dr Toby Quartley (TQ) Co-Chair Dr Raman Nijjar – LMC rep. (RN) George Thomas (GT)	Y A Y

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Author: JAH

Bicester Health Centre	Dr Tim Powell (TP) Dr Jonathan Holt (JH) Paul Netherton, (PN) - P.Mgrs rep	Y Y
Gosford Hill Medical Centre	Dr Mark Wallace (MW) Sally Mackie (SM)	A Y
Islip Medical Practice	Dr Matthew Elsdon (ME) Dr Sam Hart (SH) Beverley Turner (BT)	Y
Kidlington, Exeter, Yarnton MP (KEY)	Dr David Finnigan (DF) Kathryn Muddle (KM)	Y
Montgomery House Surgery	Dr Ellen Fallows (EF) Dr Will O'Gorman (WO) Co-Chair Steve Sharpe (SS)	Y Y Y
Woodstock Surgery	Dr Duncan Becker (DB) Sue Kavanagh (SK)	Y
Others:	Dr Helen VanOss, (HVO) PPG Forum Chair Rosie Rowe, (RR) Cherwell District Council Catherine Mountford (CM) - OCCG Exec Team rep Julie Dandridge (JD) Locality Sponsor Julie-Anne Howe, (JAH) Locality Co-ordinator + Notes Eleanor Baylis (EB), PML + Speakers Dr Kiren Collison, (KC) OCCG Chair	Y A A Y Y Y Y