Appendix A

NOTES

Health OSC Steering Group
Friday 5 September 2014 – Members Retiring Room
2.00pm

Present:

- County Councillor Steve Holgate
- County Councillor Mohammed Iqbal
- County Councillor Margaret Brindle
- County Councillor Fabian Craig-Wilson

Officers in attendance:

- Richard Jones
- Kathy Blacker

Notes of last meeting
The notes of the Steering Group meeting held on 15 August were agreed as correct

NHS England – Lancashire Area Team
Richard Jones, Chief Executive and Kathy Blacker, Assistant Director - Clinical Strategy from NHS England LAT attended the meeting to talk about a range of issues including:

- Relationship with scrutiny
- Commissioning of specialised services
- GP practice contracts (Buckshaw Village)

Steve updated officers on the process of the Committee focusing on Public Health issues and that Steering Group would deal with all other topics, in particular issues that are NHS related.

Richard talked about the impending changes both within NHSE and the wider health system. A discussion between officers and members took place and the main points were:

General background

- 18-20 months in – new overall CExec.3 key things
    - **Assurance** – That CCGs are commissioning and operating in a way that delivers the NHS mandate – CC Holgate asked about the relationship between NHSELAT and the HWB. Richard explained that it's the place where partners get a Lancashire perspective on national issues. (He's a member).
    - **Commission services themselves** – in particular all the primary care services.
    - **System leadership** – co-ordination of CCGs and Acute Trust plans
- CCGs will take on more commissioning responsibilities from NHSE as time goes by

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Specialised Services

- Over the next year or so will be a re-definition of what is a specialised service.
- NHSE will reduce commissioning role and increase assurance role
- For the Committee – a set of changes about who does what and then where these services are delivered from. – Richard to provide
- Will resume the continual argument about the centralisation of very specialist services.
- Stroke review ongoing across the county – cannot currently provide best practice across all the hospitals in the area. No decisions made yet but once the Committee begin to look at the issue will need to be clear about the case for change – improvement of services/outcomes for patients.
- At the moment specialised commissioning is run by one of the 10 area teams – in future this will increasingly be managed nationally.
- Lancashire – vascular review ongoing – main questions will always about sustainability rather than whether a Trust can meet the standards.
- The challenge for the Committee is how the Trusts will start to collaborate together to sustain the specialised services they will be delivering. Maintaining adequate skills and maintaining staffing levels.
- The greater collaboration means that consultants and surgeons are being employed on the basis that they will work across a number of different locations –change from previous practice.
- Briefing paper to HOSC in the Autumn about the plans for specialised commissioning – **to be added to work plan**
- How do we ensure that Lancashire issues and needs are catered for within a nationally decided policy – particularly geographical issues?
- The process hasn't been very robust in the past or even based on national requirements – so if the changes improve this then the discussions become about the challenges about how it works within a local context. The implementation definitely needs to take patient flows etc. into account and the Committee will have a role to play about seeking assurance that the system will work.
- Concerns that the overall life expectancy data may not improve for the area if a one size fits all approach is adopted.
- One-off surgery is not such an issue as the ongoing treatment that is required – people want regular treatment close to home as possible.
- CCGs have been asked to take on a greater co-commissioning or a commissioning lead on primary care - most in Lancashire are up for this – some of the 'specialised' services could be delivered differently and more within a practice. Maybe too many people are referred to specialists prior to further investigation taken by GPs. CCG commissioning may enable this process to change.
- Nationally for every GP referral 90% results in an intervention
- Disjoint between primary care and hospital consultancy service – if the first access to service could be expanded in terms of what is on offer it could potentially free money up within the wider system.
- Ambition is to scale up primary care – particularly around access and it needing to be 24/7.
- Single GP practices face particular challenges around access and range of series – will affect rural communities further still.

- Concerns that other services such as physiotherapy can be used as a mechanism to signpost someone to get them through the system rather then consider what's actually wrong.
- Good work going on in the county were GPs are signposting to alternative services once a diagnosis has been identified.
- Maybe look at the role of drop in centres in the future and what they perceive their core function should be – **Action: add to work plan**. Also how the public perceive them as well as GPs
- Implementing efficiency savings – reshaping of area teams (currently 25 in future will be 12) – Lancashire will not be a standalone area- linked to Greater Manchester. Will still be a Preston base but the management team will be combined. To reduce about 20% of operating costs. Risk is that could lose out to Greater Manchester.
- Out for consultation again next week and the council will have an opportunity to comment – challenge will be how officers ensure Lancashire doesn't lose out.
- Timescale – consultation will run September – November with appointments made end Nov/mid Dec – SG to invite whoever's in charge to explain how it will work – **to be added to the work plan**.
- As part of the consultation response the Committee is free to suggest alternative configurations.

GP contracts

- 3 contract types – General Medical Services, Personal Medical Services, Alternative Primary Medical Services.
- Buckshaw – is APMS – new service
- Across Lancs there are 8 of these contracts and will be reviewed over the next 2 years – initial 5 year contract
- GMS contracts are reviewed annually
- When a contract comes to an end it needs to reviewed and retendered. Can waive a tender if there is no other provider (ie very specialist). In case of Buckshaw just going through this process. If they go out to tender will need to see what it would look like – next Sept. growing practice and service, working with current provider to look at the tender spec and patients so determine what they need in the future. .
- Cannot guarantee that the existing provider will win the contract but they are in an advantageous position.
- Go out to tender not just on cost but also quality. – cannot morph into a GMS contract, will remain an APMS contract.
- Cannot demonstrate that the tender process should be waived for Buckshaw (ie not specialist)
- Contract should be re-procured towards end of 2015
- NHSE has the responsibility to make sure that every GP is appraised annually to stay on the register – good robust system in place.
- Proper formal process for patient and colleague feedback – an important role that NHSE will continue to do.
- Optometrists, dentists and pharmacists don't have the same formal appraisal process

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Work plan – work in progress

The current work plan for the Committee and Steering Group was attached for comment and update

CC Craig-Wilson raised the following concern:
Issues will social services re health and disease – things not being done effectively enough so patients not supported adequately – maybe invite someone to take about what is the process for assessments by a social worker and then what happens next. – Individual members to progress the issue first with directorate officers.

Dates of future meetings

- 26 September – CQC
- 17 October – tbc

Future meetings for

- F&WCCG
- CC Ali
- ELCCG - HAC