

Minutes

North Hampshire Clinical Commissioning Group – Primary Medical Care Joint Commissioning Committee

Minutes of the Part 1 meeting of the North Hampshire CCG Primary Medical Care Joint Commissioning Committee held on Thursday 3rd November 2016 at 12:30 hrs at the Freeman Board Room, Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8AL

Present:	Peter Kelly (PK)	Chair.
	Judy Venables (JV)	Lay Member for Patient and Public Involvement
	Pam Hobbs (PH)	Lay Member for Governance and Audit
	Julia Barton (JBa)	Chief Finance Officer (NHCCG)
	Dr Nick Sorby (NS)	Chief Nurse (NHCCG)
	Julia Bagshaw (JB)	Secondary Care Consultant (NHCCG)
	Olivia Falgayrac-Jones (OFJ)	Director of Commissioning (NHSE)
	Melanie Smoker (MS)	Head of Primary Care (NHSE)
		Contracts Manager (NHSE)
Apologies:	Paul Sly (PS)	Accountable Officer (NHCCG)
	Rebecca Thornley (RT)	Head of Primary Care Strategy NHCCG)
In attendance:	Andrew Smythe (AS)	Practice Business Manager Brambly's Grange
	Sharon Martin (SM)	Associate Director of Primary Care NHCCG
	Chris Nicholson (CN)	Business Services Administrator NHCCG - Minute Taker
	Jess Berry (JBe)	Senior Commissioning Manager NHCCG

JBe attended at 13:05 and left the meeting at 13:30

Part One Public	
1	Standard Business Items
1.1	The Chair welcomed everyone to the meeting. Apologies were noted as above.
1.2	Declarations of Interest No new declarations of interest were made. The current Register of Interests is to be provided for members to review at the next and each subsequent meeting as a standing agenda item.
	Action: CN to include the current Register of Interests within future meeting papers.
1.3	Minutes of the Meeting held on 4th August 2016 (Paper 002)

	<p>PK asked that members of the Committee review the minutes for accuracy.</p> <p>JV asked if an update on the CCG Transformation Bid Update – Clinical Leadership could be communicated prior to the next meeting due to the timescales involved.</p>
	<p>Action: SM will provide an update by email in the interim</p>
	<p>AGREED. The PMCJCC approved the minutes of the meeting held on 24th August 2016 as being a correct record.</p>
1.4	<p>Action Tracker (Paper 003)</p>
	<p>All open, pending and closed actions on the Action Tracker were reviewed.</p> <p>Pending action:-</p> <ul style="list-style-type: none"> • SW to work with clinical leads to complete PMS service specifications. SM to provide an update on this matter. <p>Pending actions:-</p> <ul style="list-style-type: none"> • CCIS Scheme to be updated and shared with NHS E/LMC • NHS England to forward details of urgent decision making process <p>These two actions were reviewed and agreed to be closed.</p>
	<p>Action: SM to update on the PMS Service specifications. CN to close actions as stated above.</p>
2.	REPORTS
2.1	NHS England
	Decision Making Process (Paper 004-5)
	<p>JB presented the updated version of the Joint Primary Care Committee's 'Decision Making Process' which had been agreed to be put forward after having reviewed this with Zara Hyde-Peters. This serves to inform the meeting of the purpose of the framework and which decisions may be needed to be taken.</p> <p>The updated part of the document was shown on Pages 4/5 giving a summary and flow of the decision making scope.</p> <p>JV asked if this would be turned into a policy. To add clarity, the Lay Members have a non-voting scrutiny role., JB will include this on page 4.</p> <p>A discussion around some of the wording in the document was clarified by JB.</p> <p>Subject to the above comments, the meeting agreed the Operating Model should be adopted.</p>
	<p>AGREED</p> <p>The Committee agreed to adopt the Joint Primary Care Commissioning Decision Making Process and Operating Model</p>
	GP Forward View Plans for CCGs (Paper 006)

	<p>JB highlighted that this a not stand alone piece of work but links to the Sustainability and Transformation Plan to link with the Primary Care Strategy (as shown on page 3.)</p> <p>A summary of the main areas of the document was presented as:-</p> <p>CCGs need to identify £3 per head in their budget plans over the next 2 years to support Transformational Support in general practices. (see page 5)</p> <ul style="list-style-type: none"> On line consultation system is part of the Development Strategy which will provide new investment to the CCGs to support this. <p>PH added that this should serve to provide assurance to the committee. The Digital Strategy has been adopted by the Governing Body adding that the Estates Strategy will go to the Governing Body in November with many inter-connections making us well placed to take this plan forward.</p> <ul style="list-style-type: none"> Improving Access to services, which includes providing patient access to bookable general practice appointments. New investment over the next few years (on a roll out basis) for our area this will commence around 2018/19 with a cost of £3. 34 per head. <p>MS highlighted that when GP Practice mergers occur the patient is required to re-register. He asked PH to refer this issue to the IT Committee.</p> <p>JB recommended that the GPFV is referred for overview and signing off.</p>
	<p>Action: PH will refer to the IT Agenda Committee</p>
	<p>Finance Report (Paper 007)</p>
	<p>The NHCCG Primary Care Medical co-commissioning budget summary was presented by JB highlighting key points as:-</p> <ul style="list-style-type: none"> No in month changes to the CCG Allocation (remaining at £27.54m for the year.) A small year to date underspend of £40k. Current expectations are for the service to deliver within budget and the financial year to end with an underspend of c£0.5m.
2.2	<p>CCG Report</p>
	<p>Primary Care Strategy</p> <p>SM provided an oversight of the Primary Care Strategy which encompasses all areas.</p> <p>Themes included are (with back up detail) as follows and will result in a</p>

robust Implementation Plan for PC Team

- a) GP Practice Resilience
- b) Transforming GP deliveries
- c) Delivering Excellence in Primary care
- d) Patient Focussed Care System
- e) Workforce/Skill mix
- f) Pharmacy in Practice
- g) Quality Measuring
- h) Prevention Agenda
- i) Mental Health

The document will go to the Executive Team and then will return to the PMC JCC and Governing Body. This group will then have oversight of the Plan.

The plan is to sign off the Primary Care Strategy in December. SM confirmed that there will be a delivery plan for this.

The Plan has been built from the bottom up using feedback and input from our GPs.

It was acknowledged that the delivery could present more challenges for rural GPs. SM confirmed that the document will be available to GP Practices.

Transforming Care Programme and Learning Disability Checks

JBe presented this document advising that part of the focus is on taking learning disabilities out of the inpatient setting of the hospital and in to the community. To support this she is monitoring the Discharge Plans for 4 patients within in-patient units.

SHIP and Hampshire developments and how they translate to local level are the subject of regular communications existing between Louise Osborne (SHIP Project Manager) and Jessica Be.

JBe has the responsibility of attendance at TCP Steering Group and NHSE Commissioning meetings with Tom Crawford acting for Quality where required.

Uptake of Learning Disability Health Checks

Practices do offer and communicate Health Checks but there is a poor uptake of this, NHCCG have a 32% take up rate of registered LD patients receiving health checks. In 2015/16 this figure was 31.41% (although validation of data is required as there may be coding issues to be addressed.)

Bench marking figures can be viewed as published as part of the CCG Assessment Framework.

These figures were presented by practice from CQRS (Calculating Quality Reporting Service.)

Development of Dementia Friendly Surgeries is ongoing.

JB raised the possibility of reviewing how we carry out our health checks i.e.

	<p>take the check to the patient rather than the patient to the check, another option being visiting Day Centres. We continue to looking at alternatives to deliver these Health Checks.</p> <p>The objective is to achieve take up locally of 70% take up over the next 2 years given that there are no national targets.</p> <p>Intelligence reporting will enable practices to do more of their own reporting in the future.</p> <p>In order to determine current progress a trajectory will be fed into the plan.</p> <p>JBe left the meeting.</p>
3.	Risk Register
3.1	<p>New Risks Identified</p> <p>Risks to be identified from the Primary Care Strategy</p> <p>Risks identified from the PMCJCC will be fed into the corporate Risk Register.</p>
4.	For Information
4.1	<p>Any items for the next meeting</p> <ol style="list-style-type: none"> 1. Update on the LD checks/Programme 2. Update on the Primary Care Strategy 3. Wider financial picture on Primary Care
4.2	Any other Business
	There were no items of other business.
4.3	Date of Next Meeting
8.1	<p>The next meeting of the North Hampshire Clinical Commissioning Group Primary Medical Care Joint Commissioning Committee will be held on Thursday 1st December 2016 at 12:30 hrs at Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8GU.</p>
	Meeting closed at 13.50 hours
	<p>PK as the Chair of the PMC JCC proposed that.</p> <p><i>‘that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest’, Section 1 (2), Public Bodies (Admission to Meetings Act 1960).</i></p> <p>The above proposal was agreed</p>

Signed as a true record

Name:

Title:

Signature:

Date: