

## MINUTES OF THE PRIMARY MEDICAL CARE JOINT COMMISSIONING COMMITTEE

Held on Thursday 4<sup>th</sup> August 2016 12:30 to 14:00


The Freeman Meeting Room, Central 40, Chineham Business Park

Committee Members Present	Invited Attendees Present	Committee Members Apologies	Invited Attendees Apologies
Judy Venables Chair (JV)	Richard Coppin (RCOP)	Nick Sorby (NS)	Steve Manley Health Watch (SM)
Pam Hobbs (PH)	Simon Wilkinson (SWILK)	Olivia Falgayrac-Jones (OFJ)	Andrew Smythe (AS)
Jan Grant (JG)	Rebecca Thornley (RT)	Angus Carnegie (AC)	
Zara Hyde-Peters (ZHP)	Melanie Smoker (MS)	Jacqueline Cotgrove (JC)	
Paul Sly (PS)	Shelley Wilton – Notes (SW)	Peter Kelly (PK)	
Julia Bagshaw (JB)		Nicola Decker (ND)	

Item No.	Minutes	Action
	<b><u>Part One - Public</u></b>	
1	<p><b><u>Welcome and Apologies</u></b></p> <p>JV welcomed those present to the meeting and the apologies as detailed above were noted.</p> <p>JV asked if we had a Hampshire County Council Health and Wellbeing representative nominated to attend these meetings. It was raised at LEAP but currently the Health &amp; Wellbeing department are making a few changes to the team. Shelley will check who is the new representative prior to the next meeting and forward an invitation.</p>	<b>SW</b>
2	<p><b><u>Declarations of Interest</u></b></p> <p>JV asked if anyone had any Interests to declare. All members stated they had completed the form and they had nothing to declare. JV requested a register of interest be put together and included in each meeting's papers going forward.</p> <p><b>Action:</b> SW to put a register on interests together to be included in the papers going forward.</p>	<b>SW</b>

3	<p><b><u>Minutes of Previous Meeting and Update of Action Log – May &amp; June</u></b></p> <p><b><u>May Minutes.</u></b></p> <p>Changes requested were as follows:-</p> <p>Page 5 – The sentence “The IT strategy and estates plan will signpost to and from the primary care strategy.” Changed to the following – “The IT Strategy (Digital Roadmap) and Estates Strategy will be a two way process between the Primary Care Strategy - the three will be cross-referenced going forward.”</p> <p>Page 7 – The sentence “PH will speak to Richard Haynes to liaise with NHPS to see what information can be out into public if further external statements are required.” Changed to the following - “PH will speak to Richard Haynes to liaise with NHPS to see what information can be provided to the public if further external statements are required.”</p> <p><b><u>June Minutes.</u></b></p> <p>All agreed, no changes required.</p> <p><b><u>Action Log.</u></b></p> <p><b>Action 1 and 2</b> – items on the agenda  <b>Action number 3</b> – on the agenda – action to provide the information closed.  <b>Additional Actions</b> (not included on the log but in the notes):-</p> <ul style="list-style-type: none"> <li>• RT to submit the approved bid to NHS England for formal approval – Completed &amp; Closed.</li> <li>• JB to provide email narrative from NHS Property Services for Minutes – Completed &amp; Closed.</li> <li>• Pam Hobbs to speak to NHPS regarding Rooksdown. RT to work with comms team to produce a summary for Paul Sly/Nicola Decker for their meeting with Maria Miller MP based on information shared by Julia Bagshaw at the meeting – Completed &amp; Closed.</li> <li>• One page communication to be sent to GP practices with PMS Update from PS – Completed &amp; Closed.</li> <li>• Simon Wilkinson to produce an updated proposal outlining the formula for investment – Completed &amp; Closed.</li> </ul>	
4	<p><b><u>NHS England Report</u></b></p> <p><b><u>Urgent Decision Making Process.</u></b></p> <p>JB had provided a draft document outlining the urgent decision-making process that Wessex and Dorset used. This process enables joint committees to agree when and how urgent and non-urgent decisions are made and the supporting</p>	

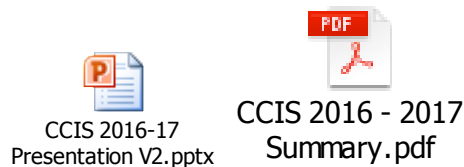
<p>criteria. It also outlines the process where decisions need to be made in between meetings (such as legal agreements for contracts) which cannot wait for formal committee.</p> <p>The information contained was discussed and the following decisions made -</p> <p>All agreed this is a joint committee and all decisions are to be made equally together with nominated representatives          NHCCG will nominate one voting member, NHS England will nominate one voting member and there will be one lay member will be required to represent the committee at any extraordinary meeting and will have one vote each.</p> <p>JB/ZHP/RT will shape an agreed policy based on the content of the slide pack which will be presented at the November meeting for agreement/sign off.</p> <p><b>Action:</b> ZHP/JB/RT to re-work the slides into a formal policy for agreement at the November meeting.</p> <p><b>General Practice Forward View Update.</b></p> <p>JB provided an update on the GP forward view with highlights as follows:-</p> <ul style="list-style-type: none"> <li>• <b>GP resilience programme</b> – This programme has been introduced nationally to provide support for practices who may be struggling but do not meet the criteria for the vulnerable practice programme. Wessex is working with LMC to shape packages of support which can include locum cover support, training, data analysis, practice management etc. The CCG will be required to nominate practices to the programme.</li> <li>• <b>Indemnity</b> - A scheme has been introduced for the next two years which will provide cover for GPs working additional OOH. RT asked whether this applied also to Nurse Practitioners – this is still being reviewed nationally.</li> <li>• <b>Practice Retainer Scheme</b> - The scheme has been refreshed with additional funding to support return to practice. Practices have been advised that they cannot assume that when one GP retainer leaves another one will be allocated – they will be approved equitably to ensure all practices have the opportunity to benefit from the scheme.</li> <li>• <b>General Practice Development Programme</b> – An opportunity for practices to work together and receive support to implement the 10 point plan on making time in general practice. There is a nationally led workshop being held on 28<sup>th</sup> September 2016 for practices and CCG teams.</li> <li>• <b>Multispecialty Community Provider (MCP) contracts</b> – A framework for developing the new contract has been published</li> </ul> <p><b>Cervical Screening – Wessex Process (Carried forward from June re-arranged meeting)</b></p>	<p><b>ZHP/ JB/RT</b></p>
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	 <p>Cancer screening programmes in Wessex</p> <p>JB provided an update. JB advised the paper provided for the meeting was a stakeholder briefing and not for this committee. Another paper, attached, was probably more appropriate. PS advised that everyone has a part in the promotion of screening to ensure targets are met and all patients have equitable access including NHSE, NHCCG and Public Health.</p> <p>It was reinforced that due to the CCG not being able to hold practice level data it would be challenging for the CCG to monitor performance and improvement but screening information would enhance CCG practice profiling. It is also not appropriate for screening processes to be brought to this meeting but rather discussed directly with public health.</p> <p><b>Finance Update</b></p> <p>JB referred to the finance report for NHS England’s primary care expenditure. PMS premium has been released into the CCGs budget.</p>	
5	<p><b><u>CCG Report</u></b></p> <p><b>CCG Transformation Bid Update – Clinical Leadership</b></p> <p>ZHP provided an update. Funding has been approved by NHSE and ZHP will work with PH to shape the expenditure plan. Two meetings have been held with our Better Local Care (BLC) MCP Manager - James Lawrence-Parr as the CCG executive feel it would be good to co-ordinate resources, align candidates and work together on the key themes for the programme in partnership with BLC. GP resources are stretched so if we can partner with them this will benefit all. A task and finish group is being established with the first meeting in early September. Key delivery partners are being sought from professional and academic backgrounds to input into programme design and delivery. A further update will be brought to the November meeting.</p> <p><b>Action:</b> PH/ZHP to meet to discuss the expenditure plan for the above.  <b>Action:</b> ZHP/RT to establish task and finish group to oversee programme development and delivery.</p> <p><b>Better Local Care MCP</b></p> <p>ZHP provided an update. It has been agreed to use the Better Local Care model to bring together the local practices and other key providers to support collaborative working and create natural communities of care. This process will also be applied to Alton via the programme review to support access, service redesign, equity of care and multidisciplinary team working. James will be invited to present Better</p>	<p>PH/ZHP</p> <p>ZHP/RT</p>

Local Care milestones for North Hampshire at future JPCCC meetings.

**CCG Primary Care Commissioning Update**

**Practice Incentive Scheme**



Simon provided an update – the attached papers were tabled – attendees were asked to take time away from the meeting to review the contents and refer them to Simon by Wednesday 10 August. The Committee voting members unanimously agreed to then activate the urgent decision making process to sign off/approve the content via teleconference on 12 August 2016. JB, PS and JV will act as the nominated committee voting members .

**JB/PS/JV/SWilk**

JB asked what the benefits are for this scheme to patient outcomes. SW confirmed it will improve service delivery including expediting referrals, enhancing the diabetes pathway, strengthening care planning, further improve medicines management and improve overall patient experience.

JB requested that regular updates be brought to future meetings to assure the committee of deliverables against each element of the scheme.

**Action:** SW to set up a tele-conference between PH, JB and JV. Friday 12<sup>th</sup> August 2016.

**PMS Update**

Simon provided an update. Four schemes have been approved for the 2016 financial year. Clinical leads are working with Simon to draft the service specifications which will include equality impact assessments.

**Rooksdown Surgery**

NHS Property services have confirmed that work on the surgery will commence at the end of the month. All stakeholders are being informed of progress. PH confirmed this is funded through a legacy payment together with recurrent costs so there are no risks/financial pressures for the CCG re the building redevelopment.

**Primary Care Enablers – IM&T and Estates Strategy**

PH provided an update. These are now drafted and with the internal CCG

	<p>governance process for sign off. PH/RT are to meet with Hart Borough Council to ensure that the Hart planned expansion is included in the estate strategy - a bid for funding for this expansion is currently with this years Estates and Technology Transformation Fund (ETTF) bid – the outcome will be known at the end of September.</p> <p><b>Digital</b> – The draft IT strategy has been uploaded to Fourteen Fish and comments have been received. This strategy will go to the next Clinical Executive Committee meeting next week and then to the Governing Body in September 2016 for sign off.</p> <p><b>Estates</b> – Again this has been drafted and circulated. Again it is hoped that this will receive Governing Body sign off in September</p> <p><b>Primary Care strategy</b></p> <p>RT provided an update. Stakeholder workshops are being delivered today (4<sup>th</sup> August) to complete the engagement process. Strategic questions and priorities will be confirmed and STP and GPFV priorities have been aligned. A draft report is to go to the Clinical Executive Committee in September 2016 with the formal documents being signed off by Executive and the internal Governance processes during November. As this is the final meeting for both Dr Richard Coppin and Rebecca Thornley both were formally thanked for their leadership and input into shaping the primary care strategic plan.</p> <p><b>NHS Contracts</b></p> <p>Several primary care schemes are delivered through the NHS Standard Contract It was confirmed by NHS England that these will need to comply with the new direction – ie that all NHS Standard Contracts should run for two years and be negotiated by the end of December 2016. Work is being undertaken now to review current contracts and prepare these for sign off by the nationally set deadline.</p>	
6	<p><b><u>Review of Future Agenda items – Public Agenda – Part 1.</u></b></p> <p>Items to consider for next meeting include:-</p> <ul style="list-style-type: none"> <li>Update on transformation fund scheme for Clinical Leadership</li> <li>Formal policy review for JPCCC decision making processes</li> <li>Primary care strategy implementation</li> <li>Alton review programme – primary care transformation</li> <li>Assessing quality in primary care</li> <li>Proposed contractual changes for 2017-2019 to primary care enhanced schemes</li> </ul>	
7	<p><b><u>Any Other Business/Close.</u></b></p> <p>PH confirmed that subscription to Primary Care Commissioning (PCC) had been</p>	

	<p>agreed. The plan was to present a primary care workshop in partnership with PCC to members of the committee and other CCG managers outlining the fundamentals of primary care commissioning and contracting. It was confirmed that dates are being sought with a training session planned for early November. PCC will also be supporting the delivery of a practice nurse event, direct primary care training for new integration and transformation team members working in primary care and access to national events on primary care.</p> <p>ZHP noted that at the next meeting in November Jan Grant, Richard Coppin and Rebecca Thornley will have left their roles with the CCG – again all were thanked for their contribution to primary care and to the work of the CCG.</p> <p>JV advised the public part of this meeting was now closed and asked anyone who had any conflict of interest to now leave the meeting before part 2 commences.</p>	
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**Future meeting dates:**

- 3<sup>rd</sup> November 2016    12:30 – 14:45    Freeman Room**
- 1<sup>st</sup> December 2016    12:30 – 14:45    Freeman Room**
- 2<sup>nd</sup> February 2017    12:30 – 14:45    Freeman Room**
- 6<sup>th</sup> April 2017        12:30 – 14:45    Freeman Room**