

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 Tuesday 6th December 2016 at 15:00 hrs at the Freeman Board Room, Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8AL

Present:	Peter Kelly (PK)	Chair
	Paul Sly (PS)	Lay Member for Patient and Public
	Julia Barton (JBa)	Accountable Officer (NHCCG)
	Zara Hyde-Peters (ZHP)	Chief Nurse (NHCCG)
	Dr Nick Sorby (NS)	CCG Director of Transformation
	Liz Mearns (LM)	& Integration
	Olivia Falgayrac-Jones (OFJ)	Secondary Care Consultant (NHCCG)
	Melanie Smoker (MS)	Acting Director of Commissioning
		NHS England
		Head of Primary Care (NHSE)
		Contracts Manager (NHSE)

Apologies:	Judy Venables (JV)	Lay Member for Governance and Audit
	Michelle Lombardi (ML)	Wessex LMC
	Pam Hobbs (PH)	Chief Finance Officer (NHCCG)

In attendance:	Chris Nicholson (CN)	Business Services Administrator
		NHCCG - Minute Taker

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 PK asked all members of the PMCJCC to review the Register of Interests and declare any interests or amendments. JB and LM provided declarations of interest for inclusion in the Register of Interests.
	Action: CN to update current Register of Interests.
1.3	Minutes of the Meeting held on 3rd November 2016

	<p>PK asked that members of the Committee review the minutes for accuracy.</p> <p>a) A typographical error was noted on section 2.1:- <i>“Toadd clarity”</i> should read <i>“to add clarity”</i></p> <p>b) OFJ referred to the wording:- <i>“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.”</i></p> <p>This was clarified as <i>“re-registering is only required when the patient elects to register for on-line services and not to actually re-register at the practice”</i></p> <p>. It was agreed that the minutes be amended to read as follows:- <i>“MS highlighted that when GP Practice mergers occur the patient is required to re-register for on-line services. PH to refer this issue to the IT Committee.”</i></p> <p>Action: Minutes to be amended as above.</p>
	<p>AGREED. The PMCJCC approved the minutes, subject to the above amendments, of the meeting held on 3rd November 2016 as being a correct record and commended them for signature by the chair.</p>
1.4	<p>Action Tracker</p>
	<p>All open, pending and closed actions on the action tracker were reviewed.</p> <ul style="list-style-type: none"> • 16.06.16 NHS England to forward details of urgent decision making process <p>Action: To be closed on the action tracker.</p> <ul style="list-style-type: none"> • 04.08.16 SW to put a register of interest together to be included in the papers going forward. <p>Action: To be closed on the action tracker.</p> <ul style="list-style-type: none"> • 04.08.16 ZHP/JB/RT To rework the slides into a formal policy for agreement at the November meeting <p>Action: To be closed on the action tracker.</p> <ul style="list-style-type: none"> • 04.08.16 PH/ZHP to meet to discuss the expenditure plan for CCG Transformation Bid Update – Clinical Leadership <p>Action: To be closed on the action tracker.</p>

<p>1.2</p> <p>1.3</p> <p>1.4</p> <p>2.1</p>	<ul style="list-style-type: none"> • 04.08.16 ZHP/RT to establish task and finish group to oversee programme development and delivery. <p>Action: ZHP to provide update at next meeting</p> <ul style="list-style-type: none"> • 03.11.16 CN To provide the current Register of Interests at the next meeting <p>Action: To be closed on the action tracker.</p> <ul style="list-style-type: none"> • 03.11.16 CCG Transformation Bid Update – Clinical Leadership SM will provide an update by email in the interim <p>Action: ZHP to email update following this meeting</p> <ul style="list-style-type: none"> • 03.11.16SM to update on the PMS Service specifications <p>Action: To be closed on the action tracker.</p> <ul style="list-style-type: none"> • Patients required to re-register for on-line services when GP Practice mergers occur. PH to refer this issue to the IT Committee. <p>Action: PH to provide update at February 2017 meeting</p>
<p>2.</p>	<p>TRANSFORMATION & SERVICE DELIVERY</p>
<p>2.1</p>	<p>GP Forward View Update</p>
	<p>Planning Requirements</p> <p>ZHP presented priorities from primary care to be compliant for delivery with the primary care strategy, with clear measurables and with the focus on what can be delivered from the ‘Ten High impact Actions’ to release capacity in practices and therefore provide a better service for patients.</p> <p>OFJ offered advice and caution following the trial of extended access and the associated upfront infrastructure. CCG are being asked to deliver the extended access by growing the population coverage rather than growing the offer. 100% of the offer should be in place on day one then grow the other elements around this.</p> <p>ZHP thanked OFJ for this advice on infrastructure The North Hampshire Alliance is enthusiastically supporting this plan have looked at vanguard models. A working group is looking at providing extended access particularly in rural areas. If not an actual hub then a shared network service would be advisable ZHP would be interested to see good practice examples of this.</p> <p>JBa added that Same Day Access Services in Gosport had massive consultation around from where patients would like the service delivered. The overriding message was that ‘on the day’ patients were prepared to travel even if not to their own particular practice. NS added to bear in mind the difficulties around parking in especially more urban areas.</p>

	<p>JBa A robust competency and accountability framework is required to support this, linking with the wider workforce ZHP will prioritise working on 3 or 4 key areas of the plan to improve care allowing self-initiation in areas where the greatest improvements can be made. James Lawrence-Parr as project manager of the Better Local Care MCP vanguard is supportive.</p> <p>ZHP asked how NHS England would measure progress.</p> <p>OFJ advised measurement would be from sustainable deliverables feeding in from the planning guidance some of which are:-</p> <p>Online consultation Extended access Web access Integrated Urgent Care</p> <p>OFJ added the baseline assessment will be from the plan submitted on the 23rd December.</p> <p>Agreed: The committee provided assurance on the update on the GP Forward View Plan.</p>
2.2	<p>Clinical Leadership Programme Update</p> <p>ZHP offered apologies that a hard copy of this document had not been previously distributed. Charlotte Hutchings with ZHP are implementing a Leadership and Transformation Project to identify what risks there may be and how best to manage these.</p> <p>ZHP had visited practices with varying ranges of stability and how they are operating. Resilience programmes to build on this will provide support for any vulnerable practices Nicola Decker will chair, with the programme lead being Sharon Martin</p> <p>Information about the programme will be shared with practices in January with service specifications being forwarded by ZHP</p> <p>ZHP asked for alignment with practices to make the process transparent</p> <p>PK invited questions none were received.</p> <p>Agreed: The committee provided assurance on the update on the Clinical Leadership Programme.</p>
3.	<p>REPORTS</p>
3.1	<p>NHS England Finance Report</p> <p>The report showed Primary Care budgets are stable and an overall underspend of £170k remained. OFJ stated all is as expected.</p>

	<p>ZHP enquired about re-investment into primary care? OFJ responded regarding their obligation to have a 1% risk reserve (contingency) remaining, and the legacy of underspend goes toward the overall balancing of the budget. In terms of risks to contingencies these are already built into the budget so any reviews (i.e. rent) would not impact on the CCG.</p> <p>JBa asked could investment could be made for funding into any areas of DES (Direct Enhanced Services).</p> <p>OFJ confirmed that having signed up to the extended hours DES or the learning disability DES the £89k on this budget line is therefore available as funding.</p> <p>ZHP & JBa hoped to use this for delivering learning disabilities to the community as a pooled resource. ZHP asked if we can revisit this at a later date to progress with Sharon Martin which was agreed with OFJ.</p> <p>PK invited questions none were received.</p>
3.2	<p>CCG</p> <ul style="list-style-type: none"> • Primary Care Strategy <p>ZHP advised on the Primary Care Strategy which had been recently signed off with the Governing Body. An executive summary was included in the papers for information which outlines the 4 elements on which the primary care strategy is built.</p> <ul style="list-style-type: none"> ➤ Accessible care ➤ Coordinated care ➤ Proactive care ➤ Primary Care development <p>PK asked for key deliverables to be provided for the PMCJCC and sight of the outline plans.</p> <p>Action: SM to bring the framework for the milestones as an action plan to this committee at the next meeting 2nd February 2017.</p> <ul style="list-style-type: none"> • PMS Update <p>Services having been reviewed by the clinical chair of CEC with service specifications were summarised as shown in the following tables:-</p>

List of Services

These have been grouped by the three key strategic priority areas (A-C) – these services will be underpinned by clinically agreed service specifications which will be formally monitored and evaluated annually.

Strategic Priorities		
A.	Pre-referral work up to improve patient experience in secondary care and reduce secondary care activity	Expedite the referral process leading to improved health outcomes, improved patient experience and timely discharge and admissions avoidance
B.	Contribution to the reduction of acute provider outpatient follow ups	By delivering primary care based follow up services this reduces secondary care activity and delivers care closer to home
C.	Reducing the number of secondary care pre and post-surgery follow-up appointments	Delivering primary care based follow up services aligns with our strategic objectives

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List of Services		
Financial Year	Service Description	Additional Information
Year 1 2016/17		
2016/17	Suspected Deep Vein Thrombosis Pathway	Diagnostic Work Up, Scans, Clexane , NOAC, D-dimer
2016/17	GnRH Analogue Treatment	For Gynaecology patients as advised by secondary care as part of treatment plan (e.g. pre-total abdominal hysterectomy or clinical trial)
2016/17	Hep B Vaccination	Patients with severe renal disease
2016/17	Post Operation Wound Care	C-section wound care, suture/staple removal after secondary care procedure (ambulatory patients)
Year 2 2017/18		
2017/18	Non-Emergency ECGs	Where the referral has been generated by another Provider (not General Practice)
2017/18	Hormone Implants (Zoladex and Prostap)	Patients with Prostate Cancer
2017/18	Prostate Specific Antigen (PSA) Monitoring	Undertaken on behalf of the Hospital for patients under watchful waiting
2017/18	Shared Care for Ritalin (ADHD)	Monitoring of growth, height etc.
2017/18	Pre-Operation MRSA Swab Testing	When patient preference is to have the test completed locally
Year 3 2018/19		
2018/19	Spirometry	For diagnosis and follow up of patients with COPD and/or Asthma
2018/19	Phlebotomy Service	Where the referral has been generated by a Consultant (not General Practice)
2018/19	Ring Pessary Changes	Practice based service to avoid Gynaecology outpatient follow ups
2018/19	Vitamin B12	Following Bariatric Surgery

OFJ referred to 3.2 (page 40) "Service Description / Care Pathway - Days/Hours of Operation 08:00 – 18:30" (which shows against most services), with reference to the recent discussion regarding extended access should this be delivered?

ZHP asked whether it is standard to include the hours of operation or could this be omitted? The response was that it is not a standard requirement.

PK asked as commissioners are we happy to have a broad range of hours across the range?

ZHP will take the hours out of this document but keep the hours embedded in the actual contracts.

Action: Agreed to remove the hours of operation from the Reinvestment of the PMS Premium 2016/17 and onwards paper.

MS queried the wording to 3.3 Population Covered "All patients registered with a GP practice within the North Hampshire CCG boundary"

ZHP clarified this meaning as practices within the North Hampshire CCG area and not that of the individual patient.

JB referred to "5.1 Quality Standards (page 43) 'Threshold 100%" suggesting that it was unclear to what the 100% referred? Advising that this could be better worded.

Action: ZHP agreed to review this wording with the Quality Team to ensure the wording is watertight.

PS advised that the PMCJCC responsibility is to sign off the service specifications and to receive advice from Nicola Decker and Charlotte Hutchings.

- **Flu Update**

ZHP offered an update given there had been confusion around where the responsibility sits for issuing flu vaccinations for the housebound. The mid to long term plan is have a formal process in place within the primary care plan but for the short term nursing support has been put in place to address the backlog.

NS asked about plans for next year and whether a deadline had been identified for when we should plan for this to be in place for next year as this would serve to be useful. ZHP replied a temporary fix will be addressing exposed gaps, then this will be addressed by the summer whilst liaising with the practices.

Action: Plan for Flu Vaccinations 2017/18 with note of update for assurance.

- **Primary Care Dashboard**

The dashboard has been developed by SCW CSU; illustrations of the current position were shown for reference. The aspirations are to understand and measure how primary care performance has improved with a baseline and where we want to get to with how to measure this. It was acknowledged that further development is required

The following table provides targets with RAG ratings.

The table below outlines the current position, with the most up to date set of metrics:

	On CCG Overview tab	CCG Total	GP Tab	Target
List size	y	n/a	y	n/a
Friends & Family	y	n	y	y
GP patient survey	y	n	y	y
Complaints	y	n	y	n
QOF Achievement	y	n/a	y	n/a
DES achievement	y	n/a	y	n/a
Activity metrics	y	n	y	n/a
New Cancers: Seen within 14 days	y	n	y	n
E-refs activity: No. of refs	y	n	y	n/a
Prescribing Costs	y	n/a	y	n/a
Cancer screening	y	n	y	n
Diabetic retinopathy screening: % offered	y	n	y	n
Imms & Vacs	n	n	y	n
Learning disability checks: achievement	n	n	n	n
Dementia Diagnosis rate	n	n	n	n

With agreement this will be shared with practices alongside the primary care strategy summary to see both the direction of travel also the starting point with discussion to measurement and resources.

The intention is then to introduce the concept of the dashboard as a mechanism for being a tool for the practices

JBa made the observation that NHS England had developed a data intelligence sharing tool currently being shared as an excel spreadsheet format to CCGs with the belief that the intention is to make this a web enabled database. Concern was expressed around a separate database which may not align with the NHS England's direction of travel.

OFJ confirmed that the NHS England supplied spreadsheet has most of our data.

JBa confirmed that we need to ensure that this system will connect with the current one adding that the metrics used did not include a whole section of quality, i.e. infection control, adult safe guarding, medication control etc.

PK summarised the requirements as to ensure the primary care dashboard links in with the NHS England quality report, with technical links also added to the CCG model.

Action: JBa to send the NHS England dashboard to ZHP for them to link up to work on this development.

	<p>PS summarised three key points as:</p> <ol style="list-style-type: none"> 1) Is the primary care dashboard a tool for benchmarking or performance issues? 2) Rather than “a large set of metrics” working with a small manageable number 3) Trial this and gather feedback <p>NS referred to the initial paragraph wording “initial vision to roll out to other interested CCGs” it seems that this has not happened and asked for the reasons. JBa advised that this is because the NHS England data intelligence sharing tool had been rolled out.</p> <p>NS asked what the role of the working group would be. ZHP replied that the CSU were leading on the working group but would gain clarification</p> <p>Action: ZHP to follow up with CSU to understand what is involved in running the primary care dashboard.</p> <p>PK Add a narrative around if this is a performance report and not just for benchmarking.</p> <p>It was agreed that a ‘Yes/No’ matrix would be the best format.</p> <ul style="list-style-type: none"> • Contracting Process 2017/18 & 2018/19 <p>Service specifications are on track to the timetable but there is a need to set the expectation for the turnaround time for the return of the contract due to the tight timelines.</p>
4.	Risk Register
4.1	<p>Identification of any new risks from this meeting for the Risk Registers</p> <ul style="list-style-type: none"> • Headline description of risk • Identification of Director level risk owner • A specific action for the risk owner to add the risk to Datix via Business Development
5.	OTHER MATTERS TO NOTE
5.1	<p>Any items for the next meeting</p> <p>PK asked for an extract of the Risk Register relating to the activities of this committee to be provided for reference.</p> <p>Action: Current PMCJCC risk register to be provided for the next meeting</p> <p>There were no new risks identified from this meeting</p>
5.2	Any other Business
	There were no items of any other business

5.3	Date of Next Meeting
	The next meeting of the North Hampshire Clinical Commissioning Group Primary Medical Care Joint Commissioning Committee will be held on Thursday 2 nd February 2016 at 13:30 hrs at Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, and Hants, RG24 8GU.
	Meeting closed at 16:50 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: