

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 16th February 2017 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 Lay Member for Patient and Public
Paul Sly (PS)	Accountable Officer
Michelle Lombardi (ML)	Deputy Director of Primary Care, LMC
Dr Laura Edwards	GP Primary Medical Director Wessex LMC
Dr Angus Carnegy (AC)	GP Member of the Governing Body
Simon Wilkinson	Commissioning Manager for Primary Care and Prevention

Apologies:

Dr Nicola Decker	GP Member of the Governing Body
Dr Nick Sorby (NS)	Secondary Care Consultant
Judy Venables (JV)	Lay Member for Governance and Audit
Pam Hobbs (PH)	Chief Finance Officer
Julia Barton (JBa)	Chief Nurse
Zara Hyde-Peters (ZHP)	Director of Transformation & Integration
Olivia Falgayrac-Jones (OFJ)	Head of Primary Care (NHSE)
Melanie Smoker (MS)	Contracts Manager (NHSE)
Andrew Smythe	Practice Manager – Brambly's Grange
Sally Ross	Medical Director
Steve Manley	Community Outreach and Engagement Officer
Melanie Smoker	Contract Manager (Medical)
Tim Archer	Deputy Director of Quality
Liz Mearns (LM)	Acting Director of Commissioning NHS England

In attendance: Gill Wayman (GW) Business Services Administrator Minute Taker

Part One	
1	Standard Business Items
1.1	The Chair welcomed everyone to the meeting. Apologies were noted as above.
1.2	Declarations of Interest (Paper PMCJCC 17/01)
	<i>PK asked all members of the PMCJCC to review the Register of Interests and declare any interests or amendments</i>
	There were no new 'Registration of Interests' or changes to the current

	'Register of Conflicts of Interest'.
1.3	Minutes of the Meeting held on 6th December 2016 (Paper PMCJCC 17/02)
	The minutes of the previous meeting were agreed
1.4	Action Tracker (Paper PMCJCC17/03)
	<p>All open, pending and closed actions on the action tracker were reviewed.</p> <ul style="list-style-type: none"> 04.08.16 ZHP/RT to establish task and finish group to oversee programme development and delivery Action: ZHP to provide update at next meeting 1.3 03.11.16 CCG Transformation Bid Update – Clinical Leadership SM will provide an update by email in the interim Action: Cover on agenda 2.1 03.11.16 Patients required re-registering for on-line services when GP Practice mergers occur. PH to refer this issue to the IT Committee. Action: Close On Action Tracker 1.2 06.12.16 Declarations of Interest CN to update current Register of Interest Action: To be closed on the action tracker 1.3 06.12.16 Minutes to be amended as per the minutes of the 06.12.16 meeting. Action: To be closed on the action tracker
	<p>AGREED. The Committee agreed the Action Tracker for February 2017 (Paper PMCJCC 17/03).</p>
2.	GP Forward View
2.1	GP Forward View Submission and Summary of GP forwarding plan (Paper PMCJCC 17/04)
	<p>12:41 AC came to meeting</p> <p>SW discussed the GP Forward View (GPFV) stating that the mandate from NHS England (NHSE) was for CCGs to create a GP Forward View Plan and submit that by 23rd December 2016. This has been created and was submitted to NHSE before the deadline, a copy has been shared with the Wessex Local Medical Committee (LMC).</p> <p>The CCG's GPFV plan covers the information both NHSE and the LMC have advised CCGs to include. Earlier this month, NHCCG engaged with the membership practices (Clinicians and Practice Managers) to identify what areas they consider being top priority and which programmes of work (within the Primary Care Strategy, GPFV and the 10 High Impact Actions) would have the greatest impact on making General Practice sustainable.</p>

At the Wessex Transformation Oversight meeting in January (25/01/2017) NHSE confirmed they do not require CCGs to submit revised plans at this time, although the plan will be developed locally following the engagement with the membership.

ML noted that Andrew Smythe (Practice Manager, Bramblys Grange Medical Practice) was asked by the CCG as a member of the Practice Managers Commissioning Advisory Group (PMCAG) to email his Practice Manager colleagues to collate how they would rank the 10 High Impact Actions in priority. .

SW stated that the CCG's Primary care team also ranked the 10 High Impacts Actions as a comparison to their colleagues in General Practice.

Some of the highest ranking programmes were linked to schemes that would provide General practice and particular clinicians with some headroom 'quick wins'

While the CCG waits for NHSE to release information on the list of preferred suppliers, SW has been reviewing the evaluation of the Prime Minister's Challenge Fund pilots from across the country and liaising with other Wessex colleagues to understand how they are prioritising the programmes.

ML questioned that the CCG GPFV plan was not descriptive enough and requires further clarification on how the CCG intend to invest all the funding elements of the GPFV.

SW confirmed that if there is not enough funding within an individual or ring-fenced funding stream to support the programmes we want to implement. However, following our engagement, then the CCG may utilise resources from within the primary care budgets.

PK asked if a project timeline can be created to track the progress of each scheme and shared/monitored by this committee.

PS stated there is a challenge in terms of fragmented funding sources, NHCCG plan is to collate all guidance/funding sources, which include £32m for primary care, Primary Care Strategy, the GPFV, and the 10 High Impact Actions, hopefully this will make referencing easier.. SW confirmed that the CCG have committed feedback to the membership following our engagement event by the end of February. This will provide the CCG with the list of programmes that link to Primary Care Strategy in priority order. Leeds within the CCGs Integration and Transformation Team had already been identified for each of the 10 High Impact Actions.

The CCG will work closely with any clinician or GP practices that have expressed an interest in one of the priority programmes, the CCG may pilot programmes in a small number of GP practices before it is rolled out.

Action To keep as a standing item on the agenda.

	Practices – Update)
	This was addressed at 2.1
2.4	Recommendation for Approval of SHIP Priorities Committee Policies (Paper CGB16/238)
	Paper agreed
3.	NHS England Update
3.1	Finance Report (Paper PMCJCC 17/05)
	<p>In NHSE absence, SW shared the headlines from the NHSE finance report.</p> <p>The CCG's current financial position shows we are going to be underspent by £355k, which is an increase of £51k from the previous month</p> <p>There have been changes around business rates and revaluations and there were some refunds recently.</p> <p>Maternity and paternity payments are still being over spent but that is being offset by the sickness and retainer payments.</p> <p>NHSE's reports a large underspend on extended hours, this is where a number of practices that have not signed up to this service in 2016/17</p> <p>There was a discussion about the extended hours scheme stating the following</p> <ul style="list-style-type: none"> • General Practice may “fall over” if the 8-8 hours 7 days per week is introduced if there were no resources to fill the rotas . We need to know what the resources will be, who will provide it where the individuals are?. • Adding additional hours onto existing 12 hour days would be unrealistic and put excessive strains upon GPs particularly if there was effectively 12 hours of patient contact. Consequently extended hours would need to be covered by shifts, taking GPs from existing cover and increasing pressure and workload on current surgery hours.. • PS stated he will be going to the 19 patient groups saying they represent the patients what would they find helpful? 7 or 8 o'clock finish? Would it be a Saturday morning? This could be designed on a 3 or 4 hub model. • Need to be honest with what is being said, stating the options and identifying likely consequences/benefits of each option th. • PS asked if the action point is how do we start the proactive discussions with the PPGs, patients groups or the local community saying this is the proposal these are the options and these are the consequences of that. • It was noted that people need to know what this will look like over the next 2 years • SW stated that piece of work had been started as it linked in with the wider urgent care agenda, there had been the first pre formal meeting

	<p>to try and understand the terms of reference and who needed to be at the committee, the first formal meeting is being held 21/02/17.</p> <ul style="list-style-type: none"> NHS England are not planning on dropping the DES extended hours, so that will have to be offered along with whatever the CCG creates as an enhanced access service that will be offered alongside the DES nationally, There will be some control locally around the how the access service will be developed and there is a good model that Southampton has been using and elements of that could work in NHCCG area, there is feedback from when Southampton had an urgent care conference and that is being feedback <p>ACTION: Conference paper to be developed to put to PPGs to get views on extended hours</p>
4.	NHCCG Update
4.1	Alton Review Update
	<p>Defer to next meeting and this is looking at Alton's rural locality and how they can work at scale together and to encourage practices to talk to each other and working at scale, this is an ongoing project. PK asked if there was anything around to summarise the current status of the project</p> <p>ACTION: SW to produce a gets a one page summary update for inclusion in the minutes</p>
4.2	Primary Care Webinar
	<p>PS discussed the recent Webinar which discussed the Primary Care Strategy, the use of technology to engage with our Membership proved useful as a one way communication tool.</p> <p>The CCG also ran a live chat alongside the webinar, whereby ZHP answered questions from the attendees. This communication will be used again and maybe targeted at 3 or 4 GP Practices and make it more of a two way process</p> <p>SW said there was a number of people logging in as individuals but some practices logging in showing a number of people in the room.</p>
4.3	<p>Primary Care Leadership in Action</p> <ul style="list-style-type: none"> Primary Care Workshop - Is the system stupid?
	<p>This workshop was held on the 15/02/2017 with the Clinical Membership and some Practice Managers were also in attendance senior member of HHFT also attended the workshop as an observer.</p> <p>The membership gave feedback on what they feel to be the current issues and what programmes the CCG should focus on as an organisation.</p>

	<p>There was a good debate and a good turnout of about 40 people from General Practice; it was a good starting point and the CCG is looking at doing another session in 6 months' time to review progress.</p> <p>The CCG will give feedback to the Membership by end on February 2017 with regards to some of the outcomes that came out at the workshop; One of the items was to engage more Clinical leadership around the programmes of work.</p> <p>Further details of the workshop can be found in section 2.1 of these minutes.</p>
5.	RISK REGISTER
5.1	<p>New Risks Identified</p> <ul style="list-style-type: none"> • Headline Description of the risk • Identification of Director level risk owner • A specific action for the risk owner to add the risk to Datix via Business
	<p>PK asked if there was anything that the Committee thought should be put on the Risk Register.</p> <p>Extended access work was noted that it should be put on the risk Register.</p>
6.	OTHER MATTERS TO NOTE
6.1	<p>Any other Business</p> <ul style="list-style-type: none"> • Set meeting dates for 2017/18
6.2	<p>Any items for next meeting</p> <p>PS asked for Connect4Hampshire to be discussed at next meeting.</p> <p>It was also discussed if meeting should stay at BI-Monthly or change to quarterly. It was agreed to keep the current bi-monthly schedule pending the outcome of Connect4hampshire</p> <p>Meeting for 17/18 to be confirmed</p>
6.3	<p>Date of Next Meeting</p>
	<p>The next meeting of the will be held on 6th April 2017 at 12:30 at Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8GU.</p>
	<p>Meeting closed at hours 13:35</p>

Signed as a true record

Name:

Title:

Signature:

Date: