

## MINUTES OF THE PRIMARY MEDICAL CARE JOINT COMMISSIONING COMMITTEE

Held on Thursday 19<sup>th</sup> May 2016 10:30 to 13:30

The Freeman Meeting Room, Central 40, Chineham Business Park

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

<u>Item No.</u>	<u>Minutes</u>	<u>Action</u>
	<b><u>Part One - Public</u></b>	
1	<b><u>Welcome and apologies for absence</u></b> PK welcomed those present to the meeting and the apologies were noted (see above)	
2	<b><u>Declarations of Interest – Membership to complete conflicts of interest declaration.</u></b> PK asked if anyone had anything to declare and reminded members to complete the declaration of interest form. All members stated they had completed the form. There were no declarations of interest.	

3	<p><b><u>Minutes of Previous Meeting and Update of Action Log.</u></b></p> <p>Minutes of previous meeting on 3<sup>rd</sup> March 2016 were agreed by all members. All outstanding items on the Action Tracker were closed.</p>	
4	<p><b><u>Terms of Reference.</u></b></p> <p>All members agreed and approved the final Terms of Reference.</p>	
5	<p><b><u>NHS England Report</u></b></p> <p><b>GP Forward Review – Julia Bagshaw presented a summary of the GP Forward View. A slide pack was circulated.</b></p> <p><b>Workforce</b> – there is a clear focus on workforce, recruitment to primary care teams and training. One key area of investment will be a relocation package designed to attract new GPs into hard to recruit areas. Julia stated that this is likely to be more focussed on areas in the North and East Anglia where recruitment is particularly challenged although it is appreciated that Wessex is also challenged in some areas to recruit to partnership vacancies in particular. There is a focus on providing training and support for practice managers. There is also a commitment to providing funding and placement for primary care based mental health workers in addition to existing services. Workshops are being delivered and are planned to address GP workload and how new models of care can support this. This area will be a key part of the CCGs primary care strategic plan.</p> <p><b>Key enablers</b> such as primary care estate and IT are addressed in the document. For Estate the CCG will need to align its evolving estates strategy to include investment priorities in primary care. New developments will need to demonstrate transformation and be equipped to deliver new models of care. Again the evolving IT strategy will incorporate primary care IT aligned to the digital roadmap – building on the Hampshire Health Record. It is essential that patients have access to online consultations, apps to be developed for smartphones and we need to encourage patients to self-care. Wi-Fi for staff and all practices is to be put in place. The IT Strategy (Digital Roadmap) and Estates Strategy will be a two way process and the two will be cross-referenced going forward.</p> <p><b>Extended access</b> – there is a clear theme running through the document which focuses on seven day services for the whole health system. Extended capacity for patients at weekends and evenings for primary care will be required. It is important that this becomes a priority in discussions with the GP federation and other primary care providers as this will need to be delivered at scale and be aligned to the redesign of the 111 service and out of hours. GP’s will be required to work together to ensure patients get the right care in the right place at the right time.</p> <p><b>Transformational change and new models of care</b> – it is appreciated that whilst some primary care providers are very positive about new ways of working and being part of new service models others are yet to be convinced of the benefits of</p>	

	<p>working at scale or working differently. The Forward View presents the arguments for change and NHS England and the CCG will work with providers to understand more about how this will benefit both service providers and patients by ensuring equity of access to all services and what support needs to be put into place to facilitate change. NHS England have formed a Wessex-wide transformation development group which the CCG will be part of to ensure that the pace of change is actively supported. The oversight group will formulate an action plan which the CCG's primary care strategy will align to locally.</p> <p>Forward View Funding – NHS England are still working to determine which funding streams align to the various commitments made in the document – this will be shared once this work is complete.</p> <p><b>NHS England Area Team Finance Report – Julia Bagshaw provided the update</b></p> <p>As North Hampshire CCG is the only CCG not delegated this is the only primary care budget NHS England local team still hold and as such NHS England and CCG Finance team work closely together in shaping the financial allocations and priorities outlined in the report. It was confirmed that the PCO relates to local reimbursements such as sickness or maternity</p> <p>Julia was thanked for these really helpful updates.</p>	
<p>6</p>	<p><b><u>CCG Report</u></b></p> <p><b>Transformation Plan / Clinical Leadership – RCOP and RT provided an update</b></p> <p>Richard Coppin and Rebecca Thornley outlined the content of the bid – the focus of which is to develop a North Hampshire Clinical Leadership Programme to deliver training, development and innovative change management for the constituent GP members of the CCG. The risks and opportunities, financial schedule and timelines were discussed.</p> <p>The bid document was presented for formal approval by the JPCCC Membership. At the request of JB the Committee accepted an amendment to the cover sheet – this is a 12 month proposal rather than two years.</p> <p>The bid was thoroughly reviewed and then the decision as to whether to approve was taken to the membership for formal approval. The vote for submission was unanimously accepted and RT will arrange for the formal bid to be submitted to NHS England. The funding for the programme, should this be approved, will be provided to the CCG with the commitment to develop a formal supporting programme plan, timeline and KPIs for assurance against delivery.</p> <p><b>Action: RT to submit the approved bid to NHS England for formal approval.</b></p>	<p>RT</p>

<p><b>Amendments will be made to the bid to highlight this is a 12 month programme</b></p> <p><b>Premises Update – Rooksdown Practice – Updated provided by Julia Bagshaw/CCG representatives</b></p> <p>JB advised this is a legacy scheme set up and approved at the time of the PCT – with subsequent CCG approval. There had been growing concern from a number of sources, including the local MP and councillors as well as the CCG executive team and NHS England about the delay in project development and completion.</p> <p>JB had an email update from NHS Property Services and read this out to the committee. The email stated:-</p> <p><i>All aspects are being processed, as it expired in February 2016 the building design was reviewed, a number of specifications were upgraded, plans have now been approved, re-pricing of project will conclude soon, this is at an advanced stage and they are in regular contact to provide updates. There is a meeting with Marie Miller on 27<sup>th</sup> May 2016 which may provide a further update.</i></p> <p>There was some discussion with the conclusion that NHPS are in charge of the Rooksdown project and should lead on all external communication.</p> <p>RCOP pointed out that the Estates Strategy has a plan to build a Primary Care hub right near the Rooksdown building and questioned whether there is still a need to develop this site. JB pointed out that essential premises provision to ensure continuity of care for the registered patient list at Rooksdown is the priority here but PH agreed to liaise with NHS Property Services to ensure that the design would enable expansion should this be required as the local community expands and more services move out of hospital. The current situation with patients receiving services out of portakabins is not appropriate. Further meetings are planned with the AO, Clinical Chair and council representatives in the next few weeks when NHS Property services will have the opportunity to further update on project progress. NHS Property Services are in regular contact/discussion with the practice..</p> <p><b>Action:</b> JB will send the formal email from NHS Property Services to share with the CCG executive leadership team ahead of further meetings.</p> <p><b>Action:</b> PH to speak to NHPS regarding Rooksdown building plans and potential for future expansion to align to estate strategy.</p> <p><b>Action:</b> 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>Primary Care Clinical Incentive Scheme</b></p> <p>SWi and RT will provide an update for the next meeting as IT, self-care and</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p><b>JB/SW</b></p> <p><b>PH</b></p> <p><b>PH</b></p> <p><b>SWilk/RT</b></p>
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	<p>pharmacy elements are being finalised. This will then be circulated to practices.</p> <p><b>Primary Care Strategy – Update and Route Map – RT provided an update.</b></p> <p>RT asked if anyone had any questions on the papers provided. JB stated she would like confirmation that the national perspective/priorities will also be referenced in the document. It was confirmed that there is to be a full chapter and other references to national direction running throughout the document.</p> <p>Regular primary care strategy updates will be brought to this committee.</p> <p>There were no further questions relating to this paper.</p>	
<p>7</p>	<p><b><u>PMS Contract Review</u></b> <b><u>Reinvestment of the PMS Premium – SWilk provided an update.</u></b></p> <p>To date the CCG and NHS England have been working closely together to shape the PMS review process with the CCG having responsibility for proposing how the PMS premium funding is reinvested.</p> <p>Simon brought a proposal from the PMS review group which recommended the remaining budget to be re-invested in 13 services. This service shortlist was the result of negotiation with the GP practices and Wessex LMC (originally 63 services had been proposed). The paper recommended approval to use the re-investment to commission these services. These had been shaped under three discrete section headings which defined the key objectives of each service aligned to the ambitions of the CCG – namely out-patient follow up reduction, care closer to home and reduction of hospital admission.</p> <p>OFJ stated a letter was sent recently to all PMS practices requiring signature of their new PMS contracts. All but two had signed and the final practices have meetings planned.</p> <p>JB expressed concern about timelines, training and capacity for practices to deliver the listed services and advised that the funding is probably too small to deliver the quantity outlined in the list. She suggested that the list be divided over three years as the funding trajectory reduces. This suggestion will be considered ahead of the next JPCCC with a paper to be taken to clinical cabinet looking at the priority clinical services. The final proposal will be brought to the June meeting for consideration.</p> <p>JB stated that the list of services should still be delivered for the 80% remaining funding in year 1 – with the 20% reduction being balanced up with the PMS premium funding. ND stated that some PMS practices have stated that they have already started to send some patients into secondary care – it was agreed by all that this was a contractual breach and should be addressed as such by NHS E and</p>	



**Future meeting dates:**

<b>4<sup>th</sup> August 2016</b>	<b>12:30 – 14:45</b>	<b>Freeman Room</b>
<b>3<sup>rd</sup> November 2016</b>	<b>12:30 – 14:45</b>	<b>Freeman Room</b>
<b>1<sup>st</sup> December 2016</b>	<b>12:30 – 14:45</b>	<b>Freeman Room</b>
<b>2<sup>nd</sup> February 2017</b>	<b>12:30 – 14:45</b>	<b>Freeman Room</b>
<b>6<sup>th</sup> April 2017</b>	<b>12:30 – 14:45</b>	<b>Freeman Room</b>