

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 6th April 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
Zara Hyde-Peters (ZHP)	Director of Transformation & Integration
Dr Nicola Decker (ND)	GP Member of the Governing Body
Pam Hobbs (PH)	Chief Finance Officer
Alma Kilgarriff (AK)	Head of Medicines Management
Olivia Falgayrac-Jones (OFJ)	Head of Primary Care (NHSE)
Melanie Smoker (MS)	Contracts Manager (NHSE)
Andrew Smythe (AS)	Practice Manager – Brambly's Grange
Michelle Lombardi (ML)	Deputy Director of Primary Care, LMC
Dr Laura Edwards (LE)	GP Primary Medical Director Wessex LMC
Tim Archer (TA)	Interim Quality Lead

Apologies:

Judy Venables (JV)	Lay Member for Governance and Audit
Julia Barton (JBa)	Chief Nurse
Liz Mearns (LM)	Acting Director of Commissioning NHS England
Steve Manley (SM)	Community Outreach and Engagement Officer
Dr Angus Carnegie (AC)	GP Member of the Governing Body
Simon Wilkinson (SW)	Commissioning Manager for Primary Care and Prevention

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)
1.3	Minutes of the Meeting held on 16th February 2017 (Paper PMCJCC 17/02)
	PK requested that members review the meeting minutes of the 16 th February 2017 for accuracy

	<p>A request had been received to make minor amendments to the approved minutes of the meeting held 16th February 2017. The amendments are as follows</p> <p>2.4 Recommendations for Approval of SHIP Priorities Committee Policies</p> <ul style="list-style-type: none"> • PK asked that a note be added to say the paper was agreed <p>PK noted once above change is completed that the minutes be agreed.</p>
1.4	Action Tracker (Paper PMCJCC17/03)
	All open, pending and closed actions on the action tracker were reviewed.
	<p>AGREED.</p> <p>The Committee agreed the Action Tracker for April 2017 (Paper PMCJCC 17/03).</p>
2.	GP Forward View
2.1	Primary Care Transformation Programme April-September 2017
	<p>ZHP discussed the outcomes from a previous workshop and informed the committee a follow up workshop was being held that evening. The workshop had to prioritise 5 key areas in Primary Care. Which were as follows</p> <ul style="list-style-type: none"> • Workforce redesign • ICT redesign which is the Integrated Care Team Programme which is part of Extended Primary Care Offer • Frailty • Social Prescribing and Wellbeing • Embedding of Clinical Pharmacy in General Practice <p>These areas were fed back to Practices and the nominated Clinical Leads for the areas each practice were interested in being pilots for. The second workshop which was to be held on the 06th April would have 18 Clinicians/GPs from Practices over the North Hampshire area, the facilitators of the previous workshop would be running sessions around leading transformation change and how it could be put into practice, the Commissioning Leads from the CCG also attended this workshop and there would be workgroups on how this would work over the next 6 months. ZHP stated this is a 6 month programme with graduation in September.</p> <p>OFJ had a question regarding the £3.00 per head transformation funding asked if it was all invested in one year or over 2 years. OFJ also asked about the Clinical Pharmacy saying that the CCG need to have this embedded and the CSU should be part of the support at individual practice level and locality level; this would mean each practice needs to have 2-3 interventions. ZHP stated that AK had been leading on this programme and she hosted the bid and it would be complementary.</p> <p>OFJ asked about the ICT work and if it would be worth flagging details on</p>

	<p>Primary Care Home Hubs.</p> <p><u>Primary Care Home Hubs</u></p> <p>MS discussed the Primary Care Home Hubs stating there would be hubs of between 30,000 and 50,000 per population with funding of £1.00 per head of population and be working as a model with Primary Care, Community Services, Mental Health, Secondary Care and the Local Authority. Wave one would commence in May 2017 and would be approved by the STP footprint. There would be no recurrent funding as it would be for one year only. ND asked about the integrated care from the patients point of view in terms of time and the day access, the three work streams, extended hours, and the out of hours (OOH). ND also questioned if integrated care were different services rather than integrated care on a daily basis. OFJ stated it would depend on how it could be made to work, the vision would be for General Medical Services to be available across the day for longer 8-8 Monday to Friday with a lighter service at the weekends and bank holidays, if a better service is provided the OOHs would become a slimmed down service. ND asked if any of the money from the £1.00 per head could be used to source any of the work streams she mentioned. OFJ stated the money would not be available for that as there are separate pots of funding for those work streams.</p> <p>Action: ZHP to follow this up with MS.</p> <p><u>GP Forward View Plan</u></p> <p>OFJ asked to speak about the GPFV plan. She stated that the plans had now all been assessed, assured and aggregated regionally and nationally, NHSE Wessex have now had a request about the CCG signing off the GPFV plan and how it is being published on the CCG's website. ML asked if there had been any re-submission requirement. OFJ said there had been one re-submission request in Wessex and that had been completed. AS stated that he had found the Primary Care Strategy on the website but it states final Draft. ZHP confirmed that this had been updated and she had checked it. OFJ stated that a solution to what had been requested was for the CCG to add an appendix entitled GPFV submission at the end of NHCCGs Primary Care Strategy and cross reference it by saying that this is covered in chapter X (number tbc).</p> <p>Action: ZHP to ensure signposting is clear for GPFV Plan</p> <p>Action: ZHP will ensure appendix to Primary Care Strategy is added for GPFV Plan</p>
2.2	Investment Planning Update
	<p>PH discussed Investment Planning update with a presentation showing funding in Primary Care across NHS England and the CCG this is a quick overview on all that is known in General Practice with regards to funding. Pam explained that the CCG commission a number of services in Primary</p>

	<p>Care. The Alliance is one service and there are a number of contracts which the CCG have with the Alliance, also Vanguard who rolled out WEB GP to practices which had gone from four practices to nine. OFJ asked what procurement had been completed around awarding contracts to the Alliance. PH responded saying variance where some would have gone through much procurement and others would have been sorted as there had been a problem. PH stated there is also the GPFV funding with £3.00per head over the next two years, and the online General Practice Support which is being rolled out with WEB GP across the whole of North Hampshire.</p> <p>There was a short discussion around CCGs joint procurement of WEB GP and Ask My GP and two committee members also discussed which option they preferred.</p> <ul style="list-style-type: none"> • £19k for the CCG for Training Care Navigator Assistance which Jess & Sharon oversaw a project to run training • Improving access to General Practice for extended access which would be £3.34 per population. ML asked if this was inclusive of the workflow optimisation. OFJ explained that the Improving Access is £3.34 would be for 2018/19 and is recurring funding at £6.00 per waited head of population from 2019/20 onwards. • Other investment such as Vulnerable Resilience Programme • Steps in Transformation Fund • Health Education England Fund <p>Action: PH to prepare a summary Powerpoint presentation.</p>
3.	NHS England Update
3.1	DES Underspend Reallocation
	<p>OFJ discussed DES saying she had an update on the underspend but not the reallocation also there was no finance report due to month end, OFJ asked for a position report of Month 12 for both DES' of the Extended Hours and the LD Health Check, On Month 12 the underspend for Extended Hours is £152k which is linked to the 6 practices that did not sign up and LD Health Checks £21k planned over spend as of this point but that was based on last year outturn. There followed a discussion regarding Extended Hours DES and the £152k of underspend that went back into the system and not going to the practices.</p> <p>Action: ZHP to discuss Extended Hours Access DES with OFJ</p>
4.	NHCCG Update
4.1	General Practice Development Scheme 2017/18 (Replaces CCIS)
	<p>ZHP discussed the General Practice Development Scheme; The scheme had been designed to support national and local delivery of improvements in primary care. The components of the scheme reflect current priorities and support the delivery of the CCG's agreed strategy. For this financial year the</p>

proposed elements Clinical Engagement and Support for work of the CCG and engaging in clinical influence costs that would be incurred and the other would be the Drugs and Medicine Management Programme. The Committee had a discussion around budgets, re-investment and planned underspend. PK noted to the committee that due to a potential Conflict of Interest which could apply to ND and AS in general terms as their practices are affected it would only be appropriate to take general questions and comments in terms of principle from them.

ND questioned why the EMIS Enterprise was not in the scheme. Asked that EMIS went in as it is going in on top of PRISIM. ZHP asked ND if she would like the wording of the proposal to reflect more how it would integrate to all the work that would be done to enable PRISIM as a tool.

Medicines Management

AK had an update on the Medicines Management tool stating in the GMS Primary Care contract there is a new increase in ERD and EPS implementation within the contracts for the Practices to take the Electronic Dispensing Systems up to 25%, AK stated under Medicines Management to recognise that and would be bought up in the engagement section. LD asked where this would go. AK stated Deliverable 6 under Medicines Management of Paper PMCJCC 01-17 Formulary and Preferred List this part needs updating to Implementation of Electronic Prescription Service (EPS) & electronic Repeat Dispensing Scheme (eRD). OFJ had comments around deliverable four and deliverable one, AK stated around deliverable four the Practices would set their achievements and what the need to work towards in line with the CCG. ZHP commented with regards to deliverable one and the four clinical discussions the CCG work to a programme each year with topics that the CCG will cover this year they include

- Southern & Clinical Discussion Forums for the Frailty Model
- Self-management
- Social Prescribing with Jess Berry looking at different ideas and how that would be implemented

OFJ asked about on-line surveys and what the CCG would like from them. ZHP explained it would depend and this year's survey was about Patient Activation, Leg Ulcer and Frailty and the CCG send this when a sense check is needed across all Practices in the NHCCG area.

OFJ asked about deliverable three asked if the output should be the Action Plan on the side of the paper. ZHP stated she would be happy to aggregate the outcomes as being resulting in the improved referrals. There was a short discussion regarding deliverable 3 and referral management.

PK advised that the committee would not be able to solve the detail of the reporting at this committee, PK asked the committee to take this forward in two stages, firstly to approve the plans of the financial allocation therefore the budget would be in place, secondly as a matter of urgency the work of the reporting be taken outside the meeting. A short discussion followed regarding the report and how it was worded and how to get the paper completed and sent out. PK noted to the committee that in terms of approval that in the event of a formal vote being required the voting members of the PMCJCC

	<p>committee are Executive colleagues of the CCG and NHSE. PK asked that if the committee would be approving how the money is allocated in terms of what would go into the report that it be agreed outside the meeting between the CCG and NHSE and ZHP involve the LMC in AK asked to discuss Leading Change Metrics which would be an ethics based approach, under deliverable three adopting the following three principles.</p> <ul style="list-style-type: none"> • Better outcomes – e.g. use of Emis enterprise tool by CCG in agreement with practices to centralise reporting metrics (outputs) • Better experience – e.g. Survey GPs experience of referral management tool and get active feedback from users. • Better use of resources – e.g. access to information by Clinicians e.g. referral pathways in Emis enterprise or website. Patient information or signposting available on GP website? <p>It was agreed that AK’s proposal should go ahead.</p> <p>Action: Final proposals to come back to committee for next meeting</p>
4.2	<p>Drug Monitoring Primary Care Service (replaces Near-Patient Testing PCS)</p>
	<p>ZHP discussed Drug Monitoring Primary Care Service saying that the CCG would review the Near Patient Testing Service specification the contract has now been issued with the existing specification with a notification that the CCG would give notice when the new specification is approved and to roll it out in the appropriate times. AK stated there had been a lot of consultation regarding this, going back through the specification to make sure the products were up to date and the reflected the use of the medicines and the trans medicines. This also included extra input from patients around secondary and primary care clinicians. All the information had been updated and showed an increase in the use of the drug. There followed a short discussion regarding the paper.</p> <p>, The committee agreed to approve paper</p>
4.3	<p>Freedom to Speak Up Guardian Role</p>
	<p>TA introduced the paper regarding the requirement for a Freedom to Speak Up Guardian, explaining that there are a series of recommendations: that this committee identify a Lay Member that the CCG and Primary Care staff could approach outside the organisation’s line management, as a consequence the Quality Team work within the CCG and other G TA added this is for those exceptional circumstances where by a person continues to be concerned about something but sees it unaddressed. PK asked if this was Primary Care across the board not just Primary Care GP service, LE stated that from what the LMC were aware it would be the provider’s responsibility to find the Guardian. TA stated what is being proposed is a single Guardian for Primary Care and the CCG and that be a Lay Member who carries the Freedom to Speak up Role, if a practice did not want this they would have to assure the CCG that they have a Guardian in place. LE advised potentially the LMC</p>

	<p>would make an offer and if practices wish to choose them they would be another body out there for Practices to choose.</p> <p>PK stated the committee had been asked to approve the recommendation but that this be re-worded that “ offer” instead of saying it is an option, then agree the route of communication into Primary Care Practice, once agreed by the Governing Body.</p> <p>Subject to these changes, the Committee supported the paper</p> <p>Action: Rephrase paper to say offer rather this is an option,</p> <p><u>Update on four CCGs</u></p> <p>ND explained that the CCG are now in a Partnership, collaboratively working enabling the CCG to work at scale where appropriate but to work locally if this achieved the best outcomes. It would enable, better working with HCC and benefit patients in terms of joined up working at scale. This is in the five year forward view update and was effective from 1st April 2017. The four CCGs are under the leadership of Maggie Maclsaac. PK added in terms of the PMCJCC committee this committee will remain as it is, although there is work underway to identify those committees that could be shared.</p> <p>It was agreed this committee would stay as it is. OFJ noted that if there was a thought to do joint commissioning in common the Terms of Reference would need to be revisited.</p>
5	WORK PRIORITIES
5.1	Identify the 2017/18 work priorities for this Committee
	<p>PK requested that an annual work plan be drawn up for the committee. OFJ suggested if MS works with ZHP on the GPFV plan and Primary care Strategy then timescales could be pulled together. ZHP stated that there would need to be strategy items that would need to be kept on the agenda for signing off. PK asked that this be completed by the next meeting.</p> <p>Action: Work plan to be completed by next meeting</p>
6	RISK REGISTER
6.1	<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>There was no new Risks identified</p>
7.	OTHER MATTERS TO NOTE

7.1	<p>Any other Business</p> <p>None Noted</p>
7.2	<p>Any items for next meeting</p> <p>Work plan for 17/18 to be brought to next meeting</p>
7.3	<p>Date of Next Meeting</p>
	<p>The next meeting of the will be held on 6th June 2017 at 12:30 at Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8GU.</p>
	<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> <p>Meeting closed at hours 14:30</p>

Signed as a true record

Name:

Title:

Signature:

Date: