

Primary Care Joint Commissioning Committee
Committee in Common

Room 5-Sapphire, The Centre, Farnham Road, Slough, SL1 4UT
Tuesday 11th October 2016

13:15 – 16:15

Part A Minutes- Meeting in Public

PRESENT: Voting Members	
Clive Bowman (CB)	Lay Primary Care Representative, WAM CCG
Sally Kemp (SK)	Lay Governance Representative B&A CCG
Mike Connolly (MC)	Lay Member Patient Representative, Slough CCG
John Lisle (JL)	Accountable Officer, East Berkshire CCG
Gary Heneage (GH)	Acting Director of Finance, NHS England
John Trevains (JT)	Assistant Director of Nursing, NHS England

PRESENT: Wider Members	
Nigel Foster (NF)	Director of Finance & Performance, East Berkshire CCG
Fiona Slevin – Brown (FSB)	Director of Strategy & Operations, East Berkshire CCG
Sarah Bellars (SB)	Director of Nursing & Quality, East Berkshire CCG
Alex Tilley (AT)	AD of Operations & Primary Care, WAM CCG
Karen Maskell (KM)	Lay Member for Patient & Public Involvement, B&A CCG
Dr William Tong (WT)	Chair B&A CCG
Dr Jim O'Donnell (JOD)	Chair Slough CCG
Dr Adrian Hayter (AH)	Chair WAM CCG
Dr Annabel Buxton (AB)	Primary Care Clinical Lead, B&A CCG
Colin Hobbs (CH)	Assistant Head of Finance, NHS England
Nicky Wadely (NW)	Programme Manager Co-Commissioning, NHS England
Geraldine Richardson (GR)	Healthwatch WAM
Mark Sanders (MS)	Healthwatch B&A
Cllr David Coppinger (DC)	Adult Service & Health, RBWM
Jacky Walters (JW)	Programme Lead, Slough CCG

APOLOGIES RECEIVED:	
Debra Elliot (DE)	Director of Commissioning, NHS England
Jan Fowler (JF)	Director of Nursing & Quality, NHS England
Mary Purnell (MP)	AD of operations & Integrated Care, B&A CCG
Sangeeta Saran (SS)	AD of Operations & Planned Care, Slough CCG
Jackie McGlynn (JMG)	GP Director, B&A CCG
Asif Ali (AA)	GP Director, Slough CCG
Gill Vickers (GV)	Local Authority Representative, Dir of Adult Health and Social Care, BFC
Cllr Sabia Hussain (SH)	Commissioner for Health & Wellbeing
Cllr Dale Birch (DB)	Bracknell Forest Council
Mike Copeland (MC)	Healthwatch, WAM CCG
Robert Cooper (RC)	Lay Member PPI, WAM CCG
Dr Judith Kinder (JK)	GP Director, WAM CCG

IN ATTENDANCE:	
Zara Devine (ZD)	PA to B&A CCG

1	<p>Chairman's introduction, apologies for absence and conflicts of interest in relation to the agenda.</p>	
	<p>The Chair welcomed attendees and members of the public, John Trevain Geraldine Richardson & Gary Heneage were introduced to the committee. The committee were informed Richard Chapman is now the Director of Finance for NHS England, South Central and Gary Heneage is Deputy Director of Finance for NHS England, South Central.</p> <p>Quoracy The Chair confirmed the meeting is quorate with the following voting members:</p> <ul style="list-style-type: none"> • 2 members from NHS England • 1 CCG Accountable Officer • 1 Lay Chair/Vice Chair from each CCG 	
2	<p><u>Conflicts of Interest</u> There were no revisions to be made to the conflict of interest register, the committee members were asked to notify the Chair if they are conflicted at any stage of the meeting. The registers can be found on 3 CCG websites: Bracknell & Ascot CCG – http://www.bracknellandascotccg.nhs.uk/wp-content/uploads/2015/06/JCC-CIC-Declaration-of-Interest-Register-v5-0.pdf Windsor, Ascot and Maidenhead CCG - http://www.windsorascotmaidenheadccg.nhs.uk/wp-content/uploads/2015/06/JCC-CIC-Declaration-of-Interest-Register-v5-0.pdf Slough CCG - http://www.sloughccg.nhs.uk/about-us/primary-care-co-commissioning/joint-commissioning-committee-meetings</p>	
3	<p><u>Minutes of the last meeting and Action Log</u> Minutes of the last meeting Part A, held on 12th July 2016 were approved by the committee. The Chair asked members to agree the Part B minutes of the last meeting held on 12th July 2016 via email, with any comments. ACTION: Circulate Part B confidential minutes to those who attended, for comments and approval.</p> <p>3.1 <u>Action Log</u></p> <p>Action 71 - Estates Strategy NF provided the committee and members of the public with a verbal update. Action complete.</p> <p>Action 58 - Glossary Acronyms KM will liaise with the Quality and Communication team to amend the glossary. Action ongoing.</p> <p>ACTION: An Estates Strategy update to be provided at the next committee meeting in January 2017.</p>	<p>ZD</p> <p>NF</p>
4	<p>Decisions to be ratified There were no decisions to be ratified at the meeting.</p>	
5	<p><u>Joint Operational Group (JOG)</u></p>	

	<p>AT summarised the JOG paper with the following key highlights. <u>Locally Commissioned Services</u> – commissioners to establish services through Primary Care providers to enhance practice delivery. Anticoagulation monitoring has been in place since 2005, It enabled us to provide the service in a local setting. There are 2 levels of Anticoagulation monitoring which the CCG would like to be considered as a wider programme incorporating prevention, self-care and monitoring into a Cardiovascular pathway.</p> <p><u>GP Forward View</u> - General Practice providers have engaged with the CCG to consider the workload and workforce in General Practice that will be required for the transformation. The CCG's are working with the Community Partnership Forum exploring the patient perspective view on the high impact actions.</p> <p>The committee informed that a framework offer is in development for all General Practice providers to be agreed by December 2016 and new LCS contracts offered in January 2017.</p> <p>ACTION: The Primary Care Outcomes Framework LCS to be presented at January's committee meeting.</p> <p>Suggestions were made to share the learning from Sloughs LCS on PMS. The CCG are also exploring other CCG framework models and lessons learnt, to help achieve the milestone.</p> <p>Concerns we raised around the evidence to demonstrate patient's involvement in the decision making processes when decommissioning and re-commissioning services. AT reassured that commissioning decisions go through the governance process and any changes will involve patients groups for patient and public engagement.</p>	<p>AT</p>
<p>6</p>	<p><u>NHS England Update</u> GH provided the committee with an update on the regional review of Sustainability and Transformation Plan, with the following highlights:</p> <ul style="list-style-type: none"> • STP submission is due on 21st October 2016 • Ensuring the STP modelling is detailed • The capital investment nationally is constrained; therefore the investment in to STP will need to be robust. <p>At present the 3 CCG's are not delegated, the Financial Plan submissions will be supported by NHS England. The first draft Financial Plan is due for submission on the 1st November 2016 and the final financial submission is due on 23rd December 2016.</p> <p>The committee were informed due the provider and commissioning pressures nationally, it is unlikely that East Berkshire will be able to drawdown the 1% non recurrent surplus this year. The planning guidance allows for 0.5% of this to be committed non recurrently in 17/18. NW summarised the New Care Model Frameworks being implemented across England and the lessons learnt. Circulate to the committee members the New Care Model Frameworks.</p>	
<p>7</p>	<p><u>Primary Care Transformation</u> AT summarised the presentation summarising the preferred model to be taken forward in the STP with the four learning ambitions in the operating plan.</p> <ul style="list-style-type: none"> • Improving access to services. 	

	<ul style="list-style-type: none"> • Sustaining General Practice with the GP Forward View. • Integration across all services offering a holistic service. • Future infrastructure. <p>Sustainability The GP forward View will explore the following:</p> <ul style="list-style-type: none"> • Investment into Primary Care • Retention and recruitment in the workforce (24% of the workforce will retire in the next 5-10years.) • Estates and infrastructure • Care of patients <p>East Berkshire CCG is working with NHS England to support vulnerable practices; these practices will receive support from the Quality Team who will use lessons learnt and “Best Practice” to ensure practice resilience.</p> <p>Transformation: Developing a model around supporting patients at all levels of care. The Case for Change challenges:</p> <ul style="list-style-type: none"> • Shortage of workforce • Increase in demand • Retaining the workforce • Supporting complex patients at home • Diagnostics • Self-Care • Sustainable future <p>Concerns were raised around the individuals who cannot access the digital offer, the model is flexible and there will be support for individuals through the Patients Groups to help increase the users of the digital offer.</p> <p>Discussions took place around estates, the support from NHS England and the current challenges in General Practice. The committee agreed for the roadmap to be presented in January for assurance and clarification on transforming the model around Primary Care.</p> <p>ACTION: Primary Care Transformation Milestones to be presented at the January meeting.</p> <p>Concerns were raised on where Out of Hours will fit in the new model, NHS England need to address the expectation of how to accredit the population to implement self-care.</p>	AT
8	<p><u>Bracknell & Ascot Update</u></p> <ul style="list-style-type: none"> • The Extended Hours project was summarised and the committee were informed the data evaluation is being compiled. • The Electrocardiogram (ECG) pilot has proven popular; as a result extra budgets have been allocated from the Health Care Assistant (HCA) budget. • INR pilot has demonstrated good results with a decrease in practice visits. • The Advanced Community Nursing pilot has finished with the full evaluation complete, it demonstrates strong evidence in reducing Non Elective Admissions (NEA). • Group Consultations have commenced with a strong focus on patient 	

	<p>education.</p> <p>KM summarised the function of the Patient Assembly, there will be sub groups formed on education and best practice to ensure Patient Groups are effective.</p>	
9	<p><u>Slough Update</u></p> <p>JOD summarised the findings from the GP National Survey for Slough with the following highlights:</p> <ul style="list-style-type: none"> • 48% of Patients have expressed their difficulty to book appointments by telephone in comparison to WAM 26% BA 28% • 50% requested a Sunday appointment 40% BA and 29% WAM • 76% of patients do get same day appointments however they demonstrate a lower rate of satisfaction. <p><u>Other updates</u></p> <ul style="list-style-type: none"> • Per 1000 patients per year 32.1% of patients from Slough were referred into hospital in comparison to Bracknell & Ascot 37.5 % and WAM 42.7% • Non Elective Admissions from Slough are higher with 12.4% of the weighted population in comparison to WAM 9.8% and B&A 8.4%. • A&E admissions, from Slough is 41.6%, WAM 25.8% B&A 23.2% <p>Slough was commended for their work in children's asthma. Discussions took place around population education and it was confirmed this is a local challenge.</p>	
10	<p><u>WAM Update</u></p> <ol style="list-style-type: none"> 1. The Transitional Working Group has been set up to help the CCG and practices move towards delegated commissioning. 2. Primary Care General Practice Access Funds have been secured. Dr Kinder and Dr Large will support this along with a nurse lead to support the work in the hubs. 3. WAM Lay Member has compiled a paper exploring opportunities for Patient Groups and the CCG to improve which demonstrates patient involvement. 	
11	<p><u>Progress on Delegation</u></p> <p>JW summarised the Progress update. The Transformation Group have been set up with no major risks or concerns, the application will go to NHS England on 21st November 2016 and Central NHS England on 5th December 2016.</p> <p>Concerns were raised around support from NHS England for those CCGs who have chosen to go delegated. There will be a lead in place to support the CCGs through the processes and to ensure communication is maintained with NHS Central team.</p> <p>Bracknell & Ascot practice members will take a re-vote on 21st October 2016. Questions and Answers were circulated to Bracknell & Ascot practices; it was suggested to circulate these to all practices across East Berkshire.</p> <p>Discussions took place around the Work of the Transition Working Group (TWG). Progress was being made.</p>	
12	<p><u>Quality Report - Improving Patient Safety</u></p> <p>SB notified the committee there have been changes to practice CQC ratings since this report was published.</p>	

	<p>Primary Care Quality Improvement Committee working with practices to ensure the Friends and family Test is meaningful.</p> <p>GP Patient Survey aims to improve the experience of patients making appointments; there is a positive outcome despite General Practice struggling. Practices which have improved are supporting struggling practices to improve.</p> <p>Discussions took place around sharing the learning from incidents, it was confirmed the learning will be shared at educational events to ensure the learning is blame free. It was noted the process will not change if CCG's go delegated, the detail of the complaint cannot be shared however the theme of the complaint can be shared.</p>	
12.1	<p><u>Quality Safeguarding in Primary Care</u></p> <p>JT summarised the report, and informed the CCG are well represented in all forums covering safeguarding which is evidenced by feedback from the Chairs of Adult and Children's Safeguarding Boards in East Berkshire.</p> <p>The report highlighted 69% of practices completed the voluntary audit and the remaining practices will be contacted to complete the audit.</p> <p>It was noted Slough are a risk with an inadequate rating however they have demonstrated good innovative work with action plans in place.</p> <p>NHS England will continue to provide support and development in East Berkshire.</p> <p>Concerns were raised around safeguarding adults, The Care Act 2014 is in early implementation and the impact work needs to be carried out in Primary Care.</p> <p>Training and compliance is key, support is in place for East Berkshire and it was noted Safeguarding will be covered in the educational events across the 3CCG's focusing on adults.</p>	
13	<p><u>Finance</u></p> <p>NF summarised Month 5 Finance Report, highlighting CCG and NHS England budgets can now be viewed as a separate breakdown.</p> <p>The budgets are forecast to be on budget; with a small under spend on the Out of Hours budget.</p> <p>Month 6 demonstrates a pressure on the GP IT budget for 16/17, this will need to be addressed.</p> <p>The committee were notified the One Public Estate is awaiting funding to support the development of that strategy, Berkshire bid was awarded for £450K and was the largest single budget awarded.</p> <p>CH- summarised the NHS England breakdowns with the key highlights:</p> <ul style="list-style-type: none"> • Year to Date, there is an underspend of £368K on the Enhanced Services. • There is a back log of practice premises rent which is to be paid before the end of 16/17 <p>There is a procurement risk around the Slough Walk in centre contract; an extension price is still to be agreed.</p> <p>It was confirmed the patient back log of newly registered patients will be back dated to July 2016.</p> <p>CH confirmed there is a fund allocated to assist with increasing maintenance costs.</p> <p>Discussions took place around the GP drug payments, CH will investigate the</p>	

	overspend of dispensing payments.	
14	<p><u>Risk Register</u></p> <p><u>JCC 05 CQC Supporting Practices</u> This risk is to ensure all practices have a CQC rating of Good by April_2017_and it was highlighted that the CQC are behind and will need to be re-inspected these practices in order for the rating to be re assessed. A guide has been sent to practices sharing the learning points of the inspections.</p> <p>It was suggested for the risk register to implement a more strategic approach, moving into the new system the strategic risks will become apparent.</p>	
15	<p><u>Any Other Business</u> A question was asked from Alan Thomson a member for the public. At the AGM of the B&A CCG it was said that the NHS 111 and local GP OOH services are currently being jointly re-procured (and that is also said in the published Summary Annual report). Are these separate commissioning projects, and what are the commissioning plans and timescales? Is there any schedule for engagement of patient groups on changes that affect patient services from what is currently provided?</p> <p>JL confirmed when the CCG refer to “jointly” this indicates working together across the three CCG’s and not a single re-commissioning project. There are two re-commissioning projects. The 111 service has been re-commissioned and will go live in April 2017; we have a preferred provider and will be discussing the service plans before the final implementation. The consultation for the 111 service was from July 2015 – September 2015 with questionnaires in GP surgeries and focus groups. The CCG are aligning the Out of Hours contract for variation with a new contract due in April 2017. JL has secured a “stand still” with providers until the end of October 2016. The CCG are having an internal review and learning around patient engagement into the commissioning processes. The CCG’s will take a new approach to the decision made, on what the correct decision will be for the population in view of the following:</p> <ul style="list-style-type: none"> • Benefits for change • Feedback • Concerns • Observing the risks and mitigations. <p>There will be a number of options to consider around the decision making process:</p> <ul style="list-style-type: none"> • Original decision is correct decision and therefore a review may not change the decision • The decision made was the wrong decisions and the CCG will need to work with the providers taking into account the contractual issues • include this review in the overall Out of Hours Change which will take place in April 2017 <p>The review will be written and an update available November 2016.</p> <p>SK queried how will the CCG engage with patients and inform them of the new 111 service and the amendments of the out of Hours.</p>	

The 111 service will go through 10 CCG's for sign off and support at Governing Body for assurance on the following:

- Finance
- Patient engagement
- Resource requirements
- Post implementation and review
- If provider concerns have been adequately addressed

Medicines Optimisation

Discussions took place around the NICE guidelines for Medicine Optimisation and shared decision making it was noted between 30-50% of patients do not have these guidelines applied to them when changing care setting. This will be explored and shared with NW. JT confirmed NHS England Medical Director is aware of the issues around transgender dysphoria prescribing.

The meeting was formally closed at 16:26

Next meeting:
Tuesday 10th January 2017, 1:15 – 4:30pm
The Windsor Race Course, Maidenhead Road, Windsor, Berks, SL4 5JJ

FEMWA