

MINUTES

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

COMMITTEE IN COMMON

Tuesday 12th July 2016, 13:15 – 15:30

Bracknell Open Learning Centre, Rectory Lane, Bracknell

Attendees – Voting Membership

Name	Initials	Role
Clive Bowman	CB	Lay Chair, Primary Care Co-Commissioning East Berkshire Committee-in-Common (Bracknell & Ascot CCG, Slough CCG, Windsor Ascot & Maidenhead CCG)
Nigel Foster	NF	Director of Finance and Performance, Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG
Debra Elliott	DE	Director of Commissioning, NHS England South Central
Sally Kemp	SK	Lay Governance Representative and Chairing voting member for decisions relating to Bracknell and Ascot CCG
Mike Connolly	MC	Lay Patient Involvement Representative, and Chairing voting member for decisions relating to Slough CCG
Colin Hobbs	CH	Assistant Head of Finance, NHS England South Central

Attendees – Wider Membership

Name	Initials	Role
Fiona Slevin-Brown	FSB	Director, Strategy and Operations, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Alex Tilley	AT	Associate Director of Operations for Windsor, Ascot and Maidenhead CCG and Primary Care for Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Nicky Wadely	NW	Programme Manager Co Commissioning, NHS England South Central
Dr Judith Kinder	JK	GP Director, Windsor, Ascot and Maidenhead CCG
Sarah Bellars	SB	Director of Nursing and Quality, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Zara Devine	ZD	Personal Assistant, Bracknell & Ascot CCG, Slough

Cllr David Coppinger	Cllr DC	CCG and Windsor, Ascot and Maidenhead CCG Lead member for Adult Services and Health, Royal Borough of Windsor and Maidenhead Health & Wellbeing Board
Mark Sanders	MS	Healthwatch, Bracknell Forest
Jacky Walters	JW	Senior Commissioning Manager Primary Care, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Dr William Tong	WT	Chairman, Bracknell and Ascot CCG and GP from Binfield Surgery
Dr Asif Ali	AA	GP Director, Slough CCG
Dr Jim O'Donnell	JOD	Clinical Chair, Slough CCG and GP at Farnham Road Surgery, Slough
Eloise Armstrong	EA	Senior Consultant (Primary Care), South, Central & West Commissioning Support Unit (minutes)

		Action
1.	Welcome and Introductions, Apologies, Quoracy confirmation	
	<p>Welcome and Introductions</p> <p>CB (The Chair) welcomed all attendees and members of the public to the second Primary Care Joint Commissioning Committee, Committee in Common (JCC CIC) held in public for Windsor, Ascot and Maidenhead CCG, Bracknell and Ascot CCG, Slough CCG and NHS England South Central; introductions were made as noted above and FSB was formally welcomed to the Committee, in her new role as Director of Strategy and Operations for Windsor, Ascot and Maidenhead CCG, Bracknell and Ascot CCG, Slough CCG.</p> <p>Apologies</p> <p>The following apologies were received:</p> <p>Cllr Dale Birch, Executive Member for Adult Services, Health and Housing, Bracknell Forest Council</p> <p>Jan Fowler, Director of Nursing and Quality, NHS England South, South Central</p> <p>James Drury, Director of Finance, NHS England South Central</p> <p>John Lisle, Accountable Officer, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG</p> <p>Nasreen Bhatti, Lay Governance Representative, Slough CCG</p> <p>Dr Jackie McGlynn, Medical GP Director, Windsor, Ascot and Maidenhead CCG</p> <p>Nicola Strudley, Healthwatch, Slough</p> <p>Dr Adrian Hayter, Chairman, Windsor, Ascot and Maidenhead CCG</p> <p>Karen Maskell, Lay Member B&A CCG Patient Representative</p>	

		Action
	<p>Cllr Sabia Hussain, Commissioner for Health and Wellbeing, Slough Borough Council</p> <p>Quoracy</p> <p>The Chair confirmed that in order for this JCC CIC to be quorate, four voting members need to present for each CCG; two members from NHS England South Central and two members from the CCG, voting members were requested to raise their hands:</p> <ul style="list-style-type: none"> • Bracknell and Ascot CCG – voting members confirmed, therefore Quoracy confirmed • Slough CCG - voting members confirmed, therefore Quoracy confirmed • Windsor, Ascot and Maidenhead CCG - voting members confirmed, therefore Quoracy confirmed 	
2.	Declarations of Interest	
	<p>The Chair confirmed that there is a conflict of interest register available on each of the CCG websites:</p> <p><i>Bracknell & Ascot CCG</i> – http://www.bracknellandascotccg.nhs.uk/about-us/primary-care-co-commissioning/</p> <p><i>Windsor, Ascot and Maidenhead CCG</i> - http://www.windsorascotmaidenheadccg.nhs.uk/wp-content/uploads/2015/06/JCC-CIC-Declaration-of-Interest-Register-v3.0.pdf</p> <p><i>Slough CCG</i> - file:///C:/Users/ea001/Downloads/JCC%20CIC%20Declaration%20of%20Interest%20Register%20v3.0%20(1).pdf</p> <p>The Chair noted that Conflicts of Interest are important as it could be construed that people involved in a decision may ultimately benefit from the decision. NHS England has recently published a revised statutory guidance on managing conflicts of interest.</p> <p>As new members of this Committee, it was confirmed that JS and FSB had recorded their conflicts of interest.</p> <p>The members of the Committee were asked in terms of the items on today’s agenda for any conflicts of interest that are to be declared. None declared.</p>	
3.	Terms of Reference	
	<p>3.1 Updated JCC CIC Terms of Reference</p> <p>JW presented the Terms of Reference which had been updated following the discussion at the last meeting on the 12th April, a further update will also be made in light of the revised statutory guidance on managing conflicts of interest. The Committee noted a request from MS requesting that as per the Terms of Reference, if the papers for this meeting could be circulated five days prior to the date of the meeting that would be helpful.</p> <p>The Chair confirmed that the updated Terms of Reference were noted by the Committee and will be published on the three CCG websites following the additional amendment as noted above.</p> <p>Action: The Terms of Reference for this Committee will be updated to reflect the Conflict</p>	<p>JW</p>

		Action
	<p><u>Action No. 15 Primary Care Strategy & Prime Ministers Challenge Fund</u></p> <p>This action links into the Prime Ministers Challenge Fund (PMCF) work and new guidance and criteria is imminent for existing schemes., This action will be closed and a new action will be created with today's date to bring forward an evaluation of the plans in line with the new guidance for PMCF.</p> <p><u>Action No. 58 – Glossary of Acronyms</u></p> <p>JW confirmed that the glossary of acronyms has been published on the websites and also issued to Ally Green who will work with the patient groups.</p> <p>Action:</p> <p><i>(i) A new action (No. 71) to be added in light of the internal review of the Estates Strategy and therefore a further update will be available in the Autumn.</i></p> <p><i>(ii) A new action (No. 72) The evaluation criteria for Prime Ministers Challenge Fund to be aligned with the local processes , once released</i></p> <p><i>(iii) KM to provide an update at the October meeting with regards to the glossary of acronyms</i></p>	<p>NF</p> <p>AT</p> <p>KM</p>
5.	Decisions to be ratified	
	<p>The Chair informed the Committee that this item is where any decisions that have been made outside of the quarterly meetings will be ratified. There is guidance from NHS England that defines the processes of decision making outside of the meeting.</p> <p>The Chair confirmed that there were no decisions taken outside of this meeting.</p>	
6.	Primary Care Joint Operations Group (JOG)	
	<p>AT presented the report to the Committee noting that this is a routine report from the internal Primary Care Joint Operations Group (JOG) meetings that are held monthly.</p> <p>SK noted that it's really good to see how work is developing, however can the Committee receive further information around the LCS's that are in development this year. AT noted that a number of LCS's are been developed, including:</p> <p><u>End of Life Care</u> – which is around engaging GPs in the Gold Standard Framework (GSF), the GSF supports primary health care teams in providing the highest standard of generalist palliative care support to patients.</p> <p><u>Care Support Planning</u> – practices in Bracknell & Ascot CCG provided this last year under a different scheme and therefore it is the intention in 16/17 to make this available to all practices across the three CCG's.</p> <p>AT noted that a full review of all of the existing LCS's that the CCG commission is taking place. An established sub-group is now working with engagement from the CSU and medicines management.</p> <p>It was noted that the report provides a helpful summary of what is going on, however what it doesn't do is state the difference this work will make to patients and practices. A good example of this will be the Primary Care Transformation Fund/Estates and</p>	

		Action
	<p>Technology Transformation Fund (PCTF/ETTF), which is around the expansion / development of existing / new premises and technology solutions, therefore once the CCG know the outcome in early September we'll be able to let the public and practices know.</p> <p>WT noted that he would like to formally commend the Primary Care team on the work they are doing, the members may not be aware of the amount of work that is currently underway. Under delegation, WT confirmed that the members for Bracknell and Ascot CCG and Slough CCG voted against delegated commissioning, which he believed was in part due to the methods in which information is disseminated. SB provided a brief update regarding the complaints handling sessions for Practice Managers, noting that following a session with Bracknell & Ascot practice managers the feedback was really positive, it provided an opportunity for practice managers to jointly discuss the guidance, as everyone handles complaints in a slightly different way. The Chair confirmed that he wanted to champion the good work that is happening and the report was noted.</p>	
7	GP Forward View & Sustainability & Transformation Plan (STP)	
	<p>DE gave an overview of the presentation, noting the key headlines around the investment that will be put in over the next five years which includes:</p> <ul style="list-style-type: none"> • Capital investment of £900m in estates and technology. The bids for the second wave have been accepted and reviewed and will be moderated the week commencing 19th August and decisions will be issued in August. • Better Care Fund (BCF) has been looked at in the wider context, planning for this in September whereby we should be able to see that it's aligned to the Primary Care pathway. <p>There is a lot of work currently underway around workforce with a view to recruiting an additional 5000 GPs nationally and 5000 other staff (which includes physio's, podiatrists and other healthcare professionals). Work is underway to simplify the process for GP's coming back into the UK, enabling them to complete a remote entry so they are already on the system when they arrive in the UK rather than starting the process when they arrive. There is now funding available for Practice Nursing and Practice Manager development, the first time in a long time.</p> <p>There is a need across the system to understand which practices are feeling vulnerable and the reason for this. AT noted that the CCGs are looking at processes by which we can support practices, East Berkshire is fortunate in that there are a large number of stable practices. Plans will be taken to JOG and then to this meeting in the next couple of months.</p> <p>DE noted that NHS England are streamlining all payments to practices, which would better enable practices to see what they've been paid and by whom.</p> <p>DE added that it's is incredibly confusing in terms of where the money is and when it will be available. However, in the next 6 weeks, NHS England will come out with a very clear list highlighting how much funding will be, where it's coming from and what it's for.</p> <p>A comment was received from the Committee noting that it is evident where we are trying to get practices to change, however there is nothing around how we are going to engage the public. In order for change to happen, we need to ensure that the public use the services differently. A wider conversation took place around various changes that have taken place to date including the online booking of appointments, but there are still parts of the population who don't have internet access and some simply want to use the old</p>	

		Action
	<p>system of booking an appointment via the telephone. AA noted that there is still a vast majority of the patients who aren't aware of the other services i.e. walk in centre, pharmacy, out of hours.</p> <p>MS noted that money has to be put into educating people so they understand what is available now. A significant number of people don't know there is an out of hours GP and an Urgent Care Centre.</p> <p>The Chair noted that there is significant evidence that signposting needs to be improved so people know where to go and what to do, however the funding for this is key.</p> <p>Sustainability and Transformation Plans</p> <p>NF gave a brief overview to the Committee members, noting that earlier in the year Simon Stevens stated that "big local choices are needed over the next five years, and sustainability and transformation plans are a way of doing this", the country was divided into 44 'footprint' areas. Each area had to produce sustainability and transformation plans (STPs) explaining how local services will evolve and become sustainable over the next five years.</p> <p>The three CCG's in East Berkshire are part of the 'Frimley Footprint', together with Surrey Heath CCG, North East Hampshire and Farnham CCG, Frimley Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and other Mental Health and community providers, GP out of hours providers, Unitary Authorities, District and Borough Councils and two Ambulance Trusts (South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance NHS Foundation Trust). The draft STP was submitted to NHS England on the 30th June, the draft plan is for discussion with NHS England, following the discussion parts of the plan may change.</p> <p>NF noted that if the health system did nothing, the challenge in front of us would be huge, therefore the draft plan tries to articulate how we bridge as an economy, the financial challenge facing health and social care. Six key initiatives have been identified, one of which is around primary care transformation, to ensure future sustainability and capacity within practices which includes practices working together in clusters/groups and working with other community providers around prevention and self-care.</p> <p>WT asked when we talk about sustainability in primary care we need to think wider than just struggling practices, there are general access issues into primary care, therefore this is about every practice, there is also an education element. Berkshire West is trialling new roles in primary care including Physicians' Associates, practice-based pharmacists and care co-ordination roles, including talking therapies. If practices are going to do this we need to start implementing these changes now.</p> <p>JK highlighted that a large proportion of people trying to access primary care are older or elderly, they don't have access to or use the digital age, therefore we need to expand a number of systems. The majority of people don't access other primary care services as they're not aware of what is delivered at each portal. Therefore, more emphasis is needed about communication and engagement. The Chair clarified that the questions are around whether the technology is fit for purpose.</p> <p>Clarity has been received around the funding and the transformation fund, however the question and concern is around whether CCGs will be disadvantaged by being at different stages of the transformation journey in terms of delegated and joint. DE clarified that the £900m capital investment is in the system, CCGs need to have a good plan and</p>	

		Action
	<p>demonstrate that the money can be spent equitably and within the timescale.</p> <p>JOD expressed his concern for those practices who voted for non-delegation and the potential impact this could have on patient services, member practices need to be aware of this.</p>	
8.	Bracknell and Ascot	
	<p>SK updated the Committee of the progress of the Better Futures for All transformation programme, highlighting the following key areas:</p> <ul style="list-style-type: none"> • Extended Hours, is a primary care pilot, which has seen a steady increase in activity over the first six months, with over 900 patients seen in June. A significant increase in HCA activity (80-90%) has been seen since April. The patient experience data is based on 500 feedback responses, all of which is very positive, with 93% of all patients using extended hours would recommend to a friend which is excellent. Following analysis of the age of patients accessing the service, the patients are generally the targeted population, those adults of a working age who would struggle to get to a GP appointment in working hours. The INR service is due to start on the 15th July, this will allow patients to monitor their own INR rather than going backwards and forwards to the practice. The clinical survey has also been very positive - 95% of staff have said that the quality of care is good or very good, there is however further work to do around the communications and booking procedures. • Advanced Community Nursing, is a small pilot whereby 120 patients have been seen, predominantly elderly / frail, this provides a new blend of nursing care. An increase in telephone access into the practice shows the number of falls have decreased and there has been a significant reduction in GP, A&E and OOH visits. Final visits are taking place and the evaluation report is expected in September. • Technology, all practices in Bracknell and Ascot are moving to the same clinical platform (EMIS) for the first time. They can access Enterprise based intranet e.g. for data quality searches. • Healthmakers continues to go from strength to strength; for example, a volunteer is ready to run supported group consultations for diabetes. <p>SK reiterated that this programme of work isn't nationally funded and therefore the team are working hard to secure the ongoing funding.</p> <p>The Chair thanked SK for the updating highlighting the positive news from Bracknell and Ascot.</p>	
9.	Slough	
	<p>JOD noted the following:</p> <ul style="list-style-type: none"> • Progress of the same day access to primary care services, the proposal is to have primary care co-located at Wexham Park Hospital, work is ongoing with the Acute Trust. • There are now new clinical pharmacists located in a number of practices. 	

		Action
	<ul style="list-style-type: none"> Practices in Slough have for 2 years now, formed four Clusters, working from single sites, offering both walk in and pre-bookable appointments for extended hours weekdays and weekends. This has seen significant improvements in access to primary care services for patients, particularly those who are unable to attend their practice during working hours. Social Services, the voluntary sector, BHFT and other providers have expressed an interest in having a presence within the Clusters which would further improve health and social care access for the population of Slough. The work around Complex Case Management continues to develop, this is where extra GP appointments are regularly made to see those patients who have been identified as being at high risk of emergency admissions. The next stage is to concentrate on a facility that provides patients with the additional care to reduce hospital admissions. Members of the team will be visiting the Liverpool Community Health Hub, which is led by Nurses who monitor the patients' conditions with health technology. Patient survey results are improving and discussions are currently taking place with voluntary organisations regarding their presence in the hubs to assist with information navigation. <p>The Chair thanked JOD for the positive update regarding the work underway in Slough.</p>	
10.	Windsor, Ascot and Maidenhead	
	<p>JK noted the following:</p> <ul style="list-style-type: none"> a Transformation Workshop will be held in July for stakeholders and practices to plan models of provision beyond the Prime Ministers Challenge Fund. Formal guidance is awaited around the future sustainability in extended hours and Prime Ministers Challenge Fund sites. Windsor, Ascot and Maidenhead members voted to continue with the application for delegated responsibility for primary care commissioning from 1st April 2017 and therefore transition plans are being worked up. The patient survey has also seen positive progression, with a 40% response rate, the overall experience for patients at their GP surgery has increased from 84% to 85%. Applications for the Estates and Technology Transformation Fund have been submitted the outcomes of which will be known in early September. <p>The Chair thanked JK for the positive update, commending the progress.</p>	
11.	Progress on delegation of primary care commissioning	
	<p>FSB gave a brief overview of the paper which summarised the outcome of the recent CCG member votes on whether to apply for fully delegated primary care medical commissioning from NHS England.</p> <ul style="list-style-type: none"> Windsor, Ascot and Maidenhead members have voted to proceed with the application for delegated responsibility for primary care commissioning from 1st 	

		Action
	<p>April 2017, the application for which has to be submitted in the autumn.</p> <ul style="list-style-type: none"> • Slough & Bracknell and Ascot members both voted to remain as Joint Commissioners with NHS England <p>The CCG are working with NHS England in order to work towards a pragmatic approach post April 2017. There is a lots of information to be shared with member practices and it may be helpful to meet them again. However it was reiterated that this would not take away the vote but be a further attempt to clarify some of the concerns. The main concern for practices is around the contract values and funding, therefore it's around 'myth busting' so practices can ensure that they have the information they need. Also particularly around the GP Forward View and the potential for being disadvantaged if some of the opportunities could be lost.</p> <p>The Chair added a note of clarity around the consequences, there are 212 CCGs nationally, this process is not around influencing the decision of the two CCGs who voted no, but to ensure that they are well informed. In East Berkshire there are still 3 CCG's and 3 voting requirements. However, now there is likely to be less opportunity for financial risk sharing in the future.</p> <p>WT confirmed that the CCG must respect our members decision, however he believed it was the wrong decision. We have learning to do around how we communicate messages. Further updates will be available at future meetings.</p> <p>JOD added in commissioning terms there is no 'us', there is only patient outcomes. In relation to Slough, he paid tribute to the support the members received from the CCG, we had over a month to consider the information and for that the team should be complimented. As three CCG's there is learning from each other, the Local Authority has also expressed an interest to understand why some practices decided no. This was a commissioning decision, and those practices will be listened to so that we can best understand.</p>	
12.	Quality Report	
	<p>SB presented the report to the Committee highlighting that the paper is for noting and that it demonstrates that mechanisms are in place to support general practice, the following areas were highlighted:</p> <ul style="list-style-type: none"> • CQC Inspections: A number of practices were inspected by CQC during the pilot stage and therefore haven't received an official rating. Therefore there is a process in place to enable official ratings to be provided to these practices. The end date for all CQC inspections to have taken place has been reviewed nationally and has been extended to January 2017. • Incident reporting: The Primary Care Quality Improvement Group is working closely with practices to ensure that any incidents reported provide a learning mechanism. • Complaints: most patients complain directly to the practice. However, a number of complaints go to NHS England, and due to information governance regulations the CCG don't have access to any information other than the numbers. • Family and Friends Test (FFT): the team are working closely with practices to ensure consistency with the reports, this isn't just about numbers, but what does it 	

		Action
	<p>mean for patients and how does it effect them.</p> <p>SK noted that a lot of shared learning can be sought from complaints, if the complaints were anonymised. SB added that general practice is not obliged to share complaints, however from the complaints received internally the CCG are able to categorise the common themes, which include: care; treatment; lack of appointments and staff attitudes.</p> <p>AA added that practices do have to complete an annual submission which does ask for categories such as administration and clinical. As part of the CQC Inspection, practices have to have a robust complaints register in place and as a practice we would like to be more open and share learning.</p> <p>The Chair thanked SB for the update and confirmed that there is an appetite across practices to actively share learning, the report was noted.</p>	
13.	Finance Report	
	<p>CH provided a brief overview of the report, highlighting that following the completion around the impact of the national modelling assumptions after the changes to the GMS contract; the seniority payment (length of service) practices will receive will be phased out; and the Minimum Practice Income Guarantee (MPIG) will also be phased out, both of these will be phased out over the next seven years.</p> <p>The national modelling assumptions also included a patient list growth of 5.76% by 20/21. In effect each CCG is better off as a result of these changes, some practices nationally are losing income, although this is no more than £1.00 per weighted patient. However CH confirmed that the result of these reductions should have minimal impact on practices across Berkshire East and therefore is an overall positive result.</p> <p>Following a wider conversation CH confirmed that this is a national change, it's effectively the recycling of national funding. The Royal College of General Practitioners (RCGP) have created a calculator for practices to use. WT confirmed that this will be a really useful tool for practices and therefore CH agreed to share this with CCG's</p> <p>Action:</p> <p>(i) CH to share the calculations with each CCG</p> <p>(ii) Clarification to be received as to how the PMS Premium is been utilised in Bracknell & Ascot CCG</p> <p>The Chair thanked CH for his report, confirming the positive news for the three CCGs in East Berkshire.</p>	<p>CH</p> <p>AT</p>
14.	Risk Register	
	<p>AT gave a brief overview of the risk register, noting that two risks have been rated red, these are for 'NHS Outcomes for NHS Targets' and 'Primary Care Transformation Programme'</p> <p>The Chair confirmed that the risk register had been noted.</p>	
15.	Any Other Business	
	The Chair confirmed that no questions had been submitted by the public.	

		Action
	<p>No other business was recorded.</p> <p>The Chair thanked everyone for attending, noting that everyone has done what was asked of them.</p> <p>The meeting was formally closed at 15:20.</p>	
	<p style="text-align: center;">Date of next meeting</p> <p style="text-align: center;">Tuesday 11th October 2016 13:15 – 16:30 The Centre, Farnham Road, Slough</p>	

FINAL