

Title of meeting: Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC). V3			
Date of Meeting	10 th January 2017	Paper Number	12
Title	Quarterly Joint Operations Group (JOG) Report		
Sponsoring Director (name and job title)	Fiona Slevin-Brown, Director of Strategy and Commissioning		
Sponsoring Clinical / Lay Lead (name and job title)	Clive Bowman Lay Chair JCC CIC		
Author(s)	Jacky Walters - Programme Lead Primary Care Transformation Alex Tilley - Associate Director for Primary Care and Windsor Ascot and Maidenhead CCG		
Purpose	To appraise the Joint Commissioning Committee on the work of the JOG		
The Primary Care Joint Commissioning Committee is required to (please tick)			
Approve	<input type="checkbox"/>	Receive	<input checked="" type="checkbox"/>
Discuss	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Risks highlighted in paper		
Legal implications/regulatory requirements	None for this report		
Public Sector Equality Duty	None for this report		
Links to the NHS Constitution (relevant patient/staff rights)	<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and</p>		

	<p>sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>
<p>Strategic Fit <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Reflects primary care strategies and federation strategy to work collaboratively where possible.</p>
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Non-decision making</p> <p>Date Deputy CFO sign off</p>
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Deputy director of Quality Nursing & Safety is part of the Joint Operations Group</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Engagement in accordance with the conflicts of interest guidance</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Non decision making group but work is underpinned by primary care strategies that are based on patient insights.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
Co-Commissioning governance	
<p>Which CCG does this Paper relate to or potentially effect?</p>	<p>Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell & Ascot <input checked="" type="checkbox"/></p>
<p>Is this paper related to a CCG statutory function?</p>	<p>Yes – delegated through co-commissioning</p>

Is this paper related to a NHS England statutory function?	Yes – primary care commissioning
Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	None
Are all voting members eligible to vote?	No voting required
<p><u>Executive Summary</u></p> <p>The aim of this paper is summarise the work of the Joint Operations Group (JOG) for co-commissioning to date covers:</p> <ul style="list-style-type: none"> • Locally Commissioned Services subgroup update • Primary Care Key Performance Indicators • Workforce • General Practice Access Fund • Interpretation services • General practice communication and engagement progress 	
<p><u>Recommendation(s)</u></p> <p>The JCC is asked to receive and note this report.</p>	

<u>Chairs Use Only</u>	
Any known conflicted committee members from Declarations of Interest register?	No

Quarter 3 2016-17 Report to Primary Care Joint Commissioning Committee (JCC)
Committees in Common (CIC)

This quarterly update is to provide assurance to the Joint Commissioning Committee Committees in Common (JCC CIC) that Joint Primary Care Co-Commissioning with NHS England is progressing and to inform the JCC CIC and member practices of key developments for quarter three, October to December 2016. There have been 3 Joint Operational Group meetings during this time.

Locally Commissioned Services (LCS) subgroup

- Monthly meetings continue. The Slough Care Homes LCS, approved at last meeting has been commissioned from 3 local practices and monitoring of outcomes is underway.
- At the November 2016 LCS Sub-Group meeting, 2 new LCSs were presented; the Care and Support Planning for Diabetes LCS and the Referral Management LCS. Both were approved in principle, subject to some further work around clarifying the data monitoring and payment triggers. The recommendations for approval of these LCSs will be brought to a future JOG meeting once the details have been clarified and it is proposed that these LCSs will be included in the General Practice Outcomes Framework (GPOF) when it is launched in April 2017.
- A specific task and finish group met to consider the current arrangements for the Minor Surgery DES specifically around the on-going inclusion of the service for Zoladex (an injectable treatment for patient with prostate cancer). It was agreed that no change would be made currently due to a national review on the minor surgery DES and some further work taking place in the Medicines Optimisation team around a case for change for the commissioning of the Zoladex service.
- Work is also on going around implementing a more robust invoicing process to ensure that provider practices are invoicing within the required timescales to ensure that the CCG is able to effectively monitor expenditure against budgets.
- The GPOF is under development and there have been visits to all members meetings to engage. This is a separate item on JCC agenda in January 2017.

Transition working group for Delegation of primary medical care commissioning

First monthly meeting was held on 26th September to lead the transition for all 3 CCGs to delegation. Applications for WAM and B&ACCG scrutinised and submitted by deadline of 5th December. There will be significant work in quarter 4 to agree the transition plan for all functions that will transfer to the CCGs. Memorandum of understanding will set out transitional support from NHS England during 2017. Workforce planning will be a key part of these discussions. Progress is currently to plan.

Workforce subgroup

Community Education provider Network (CEPN) support sessions have now been completed. Our outcomes and objectives for the CEPN were submitted on 5 December and we have received feedback on these from Health Education England (Thames Valley), with some suggestions to the outcomes regarding extension of timescales from March to July

and a second submission together with our progress to date will be submitted to HEETV in January. These have also been shared with our workforce development sub-group

An advert for the CEPN project manager has been published and this post will amongst other things, establish strong links with educational providers – HEETV have suggested that our working group be extended to include some education providers and links have been made with these and the other 3 CEPNs across Thames Valley.

Estates

The outcome of the latest ETTF bids were announced at the end of November 2016 and we were successful on the following schemes subject to due diligence which will be carried out by Pick Everard for external assurance.

- Transformation of Primary Care services to the Ascot Population: Lynwood Village, Sinninghill(Kings Corner and Magnolia House Surgeries) and Heatherwood Hospital development, Ascot (Ascot Medical Centre and Radnor House Surgery and Green Meadows Surgery) – bringing together primary care services at two sites across Ascot for the whole population whilst exploring further integration opportunities with hospital and community based settings.
- Windsor Community Health Space (Dedworth) – extending the clinical space within the practice and working with the local community on a health and wellbeing facility within the practice.
- The Slough Britwell Health & Care Centre – working in partnership with Slough Borough Council the Avenue Surgery will be located in a wellbeing centre with other associated services, aligned to the specific needs of the local population which are significant in the Britwell area of Slough.
- Connected Care - East and West Berkshire Interoperability Project as part of the Local Digital Roadmap programme to support the connected care project, sharing patient records across services to ensure the highest quality of care possible for our patients.

The following were agreed in principle but funding will not be available through the ETTF bids until 2019

New Binfield Surgery and Farnham Road Practice Centre Site

Developments which were not successful in this application round were the refurbishment of Englefield Green and the development around primary care services delivered at Skimped Hill, Bracknell. The CCG will continue working with these sites to define the options and process their readiness for other opportunities.

Meetings were held with service users based at Upton Hospital, Slough and St Marks Hospital, Maidenhead and further meetings will be held in February 2017.

General Practice Access Fund

WAM CCG and Slough CCG are now in receipt of national funding to continue with the evening and weekend appointments for patients. There are some new core requirements to meet and each has a plan in place to achieve these.

Bracknell and Ascot CCG are working with the current extended hours provider to plan the service from April 2017. This will also be designed to meet the national requirements listed below.

Core requirements

Timing of appointments:

- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a hub basis with practices working at scale.

Capacity:

- commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

Measurement:

- ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours

Advertising and ease of access:

- ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service;
- ensure ease of access for patients including:
- all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
- patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:

- use of digital approaches to support new models of care in general practice.

Inequalities:

- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

Communication with member practices

All East Berkshire general practices now receive a practice facing weekly round-up email. It is informal and sent to practice managers, all GPs and nurses at the end of each week,

providing key links to further information following a bulletin approach, with some key dates and reminders for members and practices. It is hoped that this will be used within practices meetings to share some of the work that the practices and CCGs are doing.

We are working to improve the communications to our members and practices so we have requested feedback and suggestions for improvement on this or other tools. We would also welcome contributions from PPGs, practice managers forums and other groups to share learning and ideas. This action is aligned to the stakeholder feedback from the annual 360 degree survey for CCGs.

We are aiming through this communication to reduce the number of cluster emails coming to practices by working with the teams in the CCG to use the weekly roundup instead.

We have invited practices to use the weekly round up to share ideas. All member practices are asked to provide regular feedback on the publication. The CCG communications and engagement team are now developing a regular stakeholder newsletter including primary care.

Primary Care Key Performance Indicators

These indicators are monitored as a way of providing assurance that primary care co-commissioning is progressing with the strategic developments that are reflected as very important to our patients. They have been selected in response to outcomes of surveys, workshops, events and national planning requirements.

Primary Care Commissioning Performance Indicators					Q1 2016-17			Q2 2016-17			Q3 2016-17		
Indicator	Target	Source	Measure	B&A CCG	SLOUGH CCG	WAM CCG	B&A CCG	SLOUGH CCG	WAM CCG	B&A CCG	SLOUGH CCG	WAM CCG	
1 GP Access Fund Increase extended appointments from 30mins to 45 mins per 1000 patients	Increasing trajectory	Local scheme reporting	15 minute appointments	35	36	45	35	42	45	35	42	45	
2 Good Experience of making an appointment	3% increase from July 2016 results	GPPS (national average is 73%)	July 2017 GPPS results	71%	54%	71%	72%	58%	71%	n/a	n/a	n/a	
3 NHSE approval for delegated Primary Care Commissioning by April 2017	3/3	Member practices assembly meeting	monthly meetings	voted no	voted no	on track			on track	on track	on track	on track	
4 Reduction of unwarranted variation by all practices moving to a CQC rating of Good 6 months after assessment.	80%	Primary Care Quality Improvement Committee	no. of practices	11/15 73%	6/16 37.5	9/17 53%	12/15 80%	8/16 50%	12/17 70.5%	12/15 80%	8/16 50%	12/17 70.5%	

as at 19 Dec 2106

Interpretation services

NHS England (South Central) was informed at the end of September by the Berkshire East interpretation service provider (STAIK UK) that they were discontinuing service provision with effect from the 1st October. To maintain some interpretation service provision whilst a new service was commissioned, an interim provider was engaged. Subsequently, and following an audit of service use, a new provider was commissioned from 12 December for an initial period of 3 years with the ability to extend up to 2 years. The new provider is DA Languages who are also a known provider to Slough BC. Communication regarding the new provider and service provision has been sent to all practices.

GP Forward View

Following on from the engagement events with practice representatives and NHS England Time for Care programme on 4th October and GP members on 1st December a number of common themes have been identified requiring additional support. The CCG will submit an expression of interest to NHS England, once supported by the LMC in January, for additional resources to support the work with practices through the identified themes:

- Communication: Consistent patient messaging and core offer to patients to understand and promote the role of general practice and primary care
- Capacity and Demand; Access to general practices and supporting practices in understanding their capacity and ways of working with our patients to promote self-management and reduce demand
- Innovation services: social prescribing, group consultations and digital self-management
- Workforce development; shared recruitment drive, support federations in establishing bank arrangements and sharing the implementation of new roles

In the meantime the CCG quality and primary care teams will be visiting practices who have put themselves forward for resilience support or are identified by the CCG as needing some support

Cumberland Lodge event on 1st December 2016: The primary care team presented amongst other primary care projects the General Practice Outcomes Framework to GPs from all 3 East Berkshire CCGs. The presentation outlined the list of developing indicators from the CCGs QIPP schemes, Quality Premium and LCSs. The group was then asked to feed back their comments and questions on the framework along with suggestions as to what outcomes the indicators could measure.

We also asked participants for top ideas to communicate to the public that would help them keep well and use services in the way that would achieve the best outcomes for patients. There were some good ideas proposed that included how we could work with schools, short clip videos by local GP's, signposting training for reception staff for example. There was a strong view that messaging must be short, clear, consistent and simple. Ideas will be progressed with the communications team strategy for primary care.

A more detailed plan around the implementation of the GP Forward View will be shared in due course following the submission of the CCG Operating Plan intentions for 2017/19.