

MINUTES

JOINT COMMISSIONING COMMITTEE

Tuesday 12th January 2016, 15:30 – 17:10

The Centre, Farnham Road, Slough

Attendees – Voting Membership

Name	Initials	Role
Nasreen Bhatti	NB	JCC Chair, Slough CCG Governing Body Lay Member for Governance
Paul Sly	PS	Interim Chief Officer, Berkshire East CCG's
Debra Elliott	DE	Director of Commissioning, NHS England South Central
Jan Fowler	JF	Director of Quality & Nursing, NHS England South Central

Attendees – Wider Membership

Name	Initials	Role
Nigel Foster	NF	Chief Finance Officer, Berkshire East CCG Federation
Colin Hobbs	CH	Assistant Head of Finance, NHS England South Central
Mike Connolly	MC	Lay Member, Patient Representative
Cllr Sabia Hussain	Cllr SH	Commissioner for Health and Wellbeing, Slough Borough Council
Nicky Wadely	NW	Programme Manager Co Commissioning, NHS England South Central
Sangeeta Saran	SS	Head of Operations, Slough CCG
Jacky Walters	JW	Co-Commissioning Lead, Berkshire East CCG Federation
Sarah Bellars	SB	Governing Body Executive Nurse, Berkshire East CCG Federation
Eloise Armstrong	EA	Senior Consultant (Primary Care), South, Central & West Commissioning Support Unit (minutes)

		Action
1.	Welcome and Introductions	
	<p>NB welcomed all attendees to the third Joint Commissioning Committee held in public for Slough CCG and NHS England South Central; introductions were made as noted above.</p> <p>NB introduced and welcomed James Earle from the CCG's Internal Audit Team who was in attendance and observing the meeting.</p>	

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2.	Apologies and Declarations of Interest	
	<p>The following apologies were received:</p> <p>Dr Jim O'Donnell, GP Director, Slough CCG</p> <p>Dr Asif Ali, GP Director, Slough CCG</p> <p>James Drury, Director of Finance, NHS England South Central</p> <p>Declarations of Interest:</p> <p>No declarations of interest were declared.</p>	
3.	Quoracy	
	NB confirmed that four voting members were present on the Committee should a vote be required; two members from NHS England South Central and two members from Slough CCG and therefore the Committee is quorate.	
4.	Minutes of the last meeting (23rd October 2015) and Matters Arising	
	<p>The Committee reviewed the minutes of the last meeting: In terms of accuracy, the minutes were agreed and confirmed to be an accurate reflection of the meeting that was held on the 23rd October 2015.</p> <p>Matters Arising not on the agenda:</p> <p>Item 3 – NW confirmed that she had contacted Dr JO'D outside of the meeting for details of the patient / practice for clarification of the support required, however as no further feedback had been received from the practice it is understood that the issue was resolved.</p> <p>Item 4 – Estates Strategy, a half day workshop to be convened in December / January to discuss primary care estate remains outstanding.</p> <p>Action:</p> <p>Item 4 – Estates Strategy, a half day workshop to be convened in December / January to discuss primary care estate remains outstanding.</p>	NF
5.	Primary Care Updates	
	<p>Joint Operations Group (JOG) meeting – Quarterly Report</p> <p>JW provided the Committee with a brief update highlighting the following areas in the report:</p> <p><u>Conflicts of Interest and Decision Making</u> – following the documentation that was issued at the beginning of this process (Summer 2015), the 'Declarations of Interest' documentation needs to be updated, and therefore a form will be issued to all members of this Committee.</p> <p><u>Delegation of Authority</u> – the CCG has agreed that they would like to move forward with this and therefore will be applying for delegated authority from the 1st April 2017. DE provided the Committee members with the assurance that NHS England South Central will</p>	

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	<p>work closely with the CCG in the summer in order to ensure that they are ready to apply for the delegated role, applications for 'delegated authority' will be required by November 2016.</p> <p><u>Quality</u> - a Quality Improvement meeting is to be set up in 2016, the first meeting is expected to take place in February. This group will be looking at the quality issues that have been identified in General Practice across the three CCG's (Bracknell and Ascot; Slough; Windsor, Ascot and Maidenhead) and as such we would actively seek engagement from Healthwatch colleagues.</p> <p>The Chair thanked JW for her informative presentation and questions from the Committee were invited:</p> <p>Action:</p> <p>A process to issue a proforma to patients groups prior to the Quality Improvement meetings will be put in place.</p> <p>EA to issue an open invitation to the Lay Chairs to attend future JOG meetings.</p> <p><i>Three Primary Care Strategies & Commissioning Intentions – Presentation</i></p> <p>JW gave a presentation to the Committee, highlighting where the three CCG's have projects in common whilst still maintaining the local thinking. These areas include developing the seven day working models; providing more support to patients with long term conditions and encouraging self-management; The presentation is circulated to members with these minutes.</p> <p>Patients and public are very engaged with their local CCG's and their insights and ideas have been listened to in order to co-develop the primary care transformation plans.</p> <p>There are several projects where outcomes can be shared and positive actions initiated across the 3 CCG's</p> <p>Examples are workforce development and new roles, including the establishment of education hubs in partnership with Health Education England.</p> <p>Going forward there are 4 key areas where the CCGs could collectively achieve progress and report this to the committee.</p> <ol style="list-style-type: none"> 1. Strengthen the patient voice & leadership in all practices 2. Simplify the patient access pathway 3. Maximise new technologies 4. Develop and deliver a workforce strategy <p>The Joint Operational Group (JOG) is proposing as a priority that a 'Task and Finish Group is established to begin work on item 2 above as the Health Watch has already undertaken some valuable work in this area.is developed so we can demonstrate clear learning / deliverables – want to establish quite quickly.</p> <p>Funding for some of the primary care Commissioning Intentions is derived from the additional premium received by those practices that have a Personal Medical Service (PMS) Contracts. For Slough CCG, the Commissioning Intentions are wider than other CCGs due to the high level of Personal Medical Service (PMS) premium that could be available.</p>	<p></p> <p>SB</p> <p>EA</p>

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	<p>This is primarily because there are a significantly larger number of practices who signed up to this type of contract. The Personal Medical Service Review is explained further under item 12 on the agenda.</p> <p>The Chair thanked JW for her informative presentation and questions from the Committee were invited:</p> <p><i>In terms of the Commissioning plans, what were the reference points?</i></p> <p>SS confirmed that the 'Joint Strategic Needs Assessment and knowledge of the Slough profile' was used as well as clinical information from 'Right Care' for example. There was also the knowledge that clinicians have of their local population needs to reflect Slough demographics and Insights from patients in how they wanted primary care delivered.</p> <p>Proposal for working in a federated way to deliver joint commissioning for primary medical care</p> <p>JW presented the paper to the Committee members noting that the Committee is asked to consider the recommendation that the three CCGs combine their Joint Commissioning Committee meetings, operating as one committee in common. If consideration was given to this proposal then the Terms of Reference for this Committee would be revised and incorporated into the three CCG constitutions and consideration would be given to the Terms of Reference for the Joint Operations Group that convenes monthly.</p> <p>JW noted that the paper aims to indicate why consolidating these meetings could be a positive idea. As an example, today (12 January) there will be three of these meetings, with the same agenda (with the exception of one item) and several of the same people in attendance. By combining the three meetings we acknowledge that the duration of the meeting will increase, however the repetition will be reduced and by having a single meeting the benefits could arise from sharing learning and wider debate.</p> <p>The Chair thanked JW for the overview of the paper and welcomed comments / questions from the Committee members.</p> <p>SB noted that further to the previous presentation around the themes, she recommended that it may be a benefit to undertake an Equality Impact Assessment, to identify the potential impact of the policies, services and functions on our patients and staff. SS noted that the Equality Impact Assessment would be beneficial to understand the local issues.</p> <p>JW highlighted that the strategies and transformation work and voting rights would remain local, as has been mentioned. If people understand their roles and responsibilities, and there is good clear governance then a collective approach should work.</p> <p>PS noted that efficiency is important, however when thinking about the effectiveness, the question is: would we have better discussions together? a public meeting isn't necessarily the best way to get engagement. Thinking about the boundary issues, we could learn from each other. On the negative side is there a danger of 'rail-roading' , although I don't think we would suffer 'group think' as members voice clear views on all 3 committees. However PS confirmed he supports this approach.</p> <p>Cllr SH noted that the efficiency point is absolutely paramount as we are utilising tax payers moneys, however localism is also absolutely paramount.</p> <p>MC noted that as an observation when one issue effects a CCG it probably effects patients in another CCG, therefore the joint working could work, although the demographics are very different, the learning can be shared and this would be beneficial from a tax payers</p>	

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	<p>point of view – it’s important to not let bureaucracy get in the way.</p> <p>The Chair summarised that there is an appetite for improving efficiency and combining the discussions around the business, however time would be required to explore all of the pro’s and con’s, therefore a meeting with the three Lay Chairs and patient involvement in the next few weeks would be valuable.</p> <p>The following actions were agreed:</p> <p>a) There needs to be more assurance around the process for this to go ahead, JW and PS to meet with the Lay Chairs and Patient involvement in the new few weeks.</p> <p>b) SB and JW to develop the Equality Impact Assessment</p> <p>b) PS to understand the governance arrangements as to approval and whether this goes to the CCG Governing Body and / or GP Council Members</p> <p>Slough Walk In Centre</p> <p>JW provided an update to the Committee members to note progress and steps. The Slough Walk in Centre contract expired in December 2015, the contract was extended for 18 months and expires in June 2017. This extension period allows NHS England, Slough CCG and Windsor, Ascot and Maidenhead CCG to review the current service and consider how the service could be further developed in the future. This review is taking place for both the walk in patients and the registered population at the practice.</p> <p>An overview of the work / workshops that have taken place to date was provided to the Committee, noting that the next workshop is on the 26th January, whereby commissioners and patients will come together to consider and develop some of the options.</p> <p>NW confirmed that in addition it is really important to understand how and where the walk in centre fits into the wider CCG strategies this is quite a timely opportunity to understand the best future and model.</p> <p>SS noted that the paper presented today is also going to be received by the Health, Overview and Scrutiny Committee on Thursday 14th January.</p> <p>SB noted that the original purpose of the WiC had been to improve access. Had this really been achieved.</p> <p>Cllr SH raised concerns around the message to the public as to what the Walk in Centre is for, is there a difference in the patients that are attending from Windsor, Ascot and Maidenhead and Slough localities? This ‘deep dive’ information would be valuable if it is available to obtain this clarity. The provider has referred to a particular community who frequently access the service, therefore the question should be asked as to what we doing to communicate effectively with those communities.</p> <p>SB noted that regarding the patient experience, we need to ensure that the data is live, the data shown dates back to 2014 and is 100% positive.</p> <p>It was noted that this will be an example whereby the Framework will be utilised in order for a decision to be made by this Committee, the next Joint Commissioning Committee will be after the procurement deadline.</p>	<p></p> <p>JW / PS</p> <p>SB / JW</p> <p>PS</p>

		Action
12.	PMS Review Update	
	<p>This item was moved up the agenda</p> <p>NW presented the update to the Committee, noting that the process was commenced in 2014 when initial conversations were started with practices. Local Medical Committees (LMCs) were involved at the beginning when discussing the principles around the review. There is a nationally agreed General Medical Services (GMS) contract, however in Slough the majority of practices have a Personal Medical Services (PMS) contract. 11 of the 16 contracts.</p> <p>Personal Medical Services (PMS) practices could always revert to General Medical Service (GMS) contract, however by doing so they would reduce the level of income they receive. Along the way there has been significant acknowledgement that the provision of care that patients receive would not be lost. Hence, in part, this led to the generation of the list of services that the CCG could commission (as discussed earlier under Commissioning Intentions). It is crucial that the commissioning documentation contains the record of the discussion that has taken place and that by the end of January we have a view on the amount of money that is being re-invested in primary care.</p> <p>The process needs to be completed by the end of March 2016. To ensure that practices understand the impact on them, and maintain the continuity of patient care.</p> <p>It was acknowledged that Slough practices have raised an appeal against the review process. NHS England South Central, in partnership with the CCG will respond to the appeals raised by the practices. Two practices who appealed have however looked at the Commissioning Intentions and decided that in retrospect they will revert to General Medical Services (GMS) contract with effect from the 1st April 2016.</p> <p>DE noted that for clarity, practices have appealed against the ‘process’, therefore NHS England South Central are testing this nationally to ensure that we have adhered to the process and it will be on that point alone that we will respond to practices.</p> <p>NW noted that one of the practices felt that a number of concerns that were raised were addressed at a meeting with the CCG on the 16th December 2015, so practices could see the potential of the plans going forward.</p> <p>Agreeing to complete both processes by the end of January as a Committee.</p> <p>The Chair thanked NW for the update and the report was noted.</p>	
6.	Primary Care Transformation – ‘Steps to the Future’ programme	
	<p>SS updated the Committee on progress to date for the ‘Steps to the Future’ programme, highlighting the following areas:</p> <ul style="list-style-type: none"> • The CCG were extremely successful during the wave 1 pilot of the Prime Ministers Challenge Fund on primary care access, which has not only attracted positive media attention, but the CCG is pleased to confirm that there has been a visible reduction in non-elective admissions; • The practices have jointly applied to pilot the employment of Clinical Pharmacists. The bid was successful and the CCG is working with practices to progress to 	

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	<p>implement the plans, which we aim to have in place by the end of the financial year;</p> <ul style="list-style-type: none"> Conversations have been taking place with the CCG and member practices around the options for reinvesting the Personal Medical Services (PMS) premium as highlighted above. SS noted that whilst it's been a difficult journey feedback and communications to date have enabled us to progress with the strategy; <p>In terms of next steps:</p> <ul style="list-style-type: none"> Once the Personal Medical Services (PMS) contracts have been reviewed and any premiums released then we can progress with the planning of the reinvestment. A number of decisions will be required to be made outside of this meeting, therefore the decision making process as outlined in the NHSE Operating Model for the Co-commissioning of Primary Care Will be circulated to members of the Committee. <p>An update will be provided at the next committee in April. The Chair thanked SS for her update.</p> <p>Actions:</p> <ul style="list-style-type: none"> The 'Draft Operating Model: Co-Commissioning of Primary Care' will be circulated to members of the Committee A strategy update will be provided at the next committee in April. 	<p>DE/EA</p> <p>SS</p>
7.	Primary Care Finance	
	<p>CH presented the month 8 (November 2015) financial position to the Committee. Noting that the year to date position is an adverse variance of £471k, this is due to:</p> <ul style="list-style-type: none"> A £399k adverse on GP Contract payments, this is primarily due to an over performance of unregistered walk in activity at the Slough Walk in Centre, a reconciliation exercise has been undertaken and this will be corrected in month 9 (December 2015). The registered list at the Slough Walk in Centre has also increased in the last five months. Next years' budget will be costed at this years activity; A £78k adverse on PCO admin, this is due to the increase the number of GP's who are on maternity leave and therefore the Locum payments are in excess of the plan, although there is a central pot of reserves that can be accessed to cover this adverse; GP Premises adverse of £90k due to timing of payments; £24k favourable on GP other, which is a slight slippage on GP appraisals; and And a £45k favourable due to under activity in Minor Surgery <p>CH confirmed that it is still anticipated to be on plan at the end of the year.</p> <p>NF confirmed that for the new financial year there is a funding allocation increase of 3.6% growth for primary care medical services, this is slightly lower than other CCG's primarily</p>	

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	<p>because the number of Personal Medical Services (PMS) funded practices. Slough is currently deemed to be funded at 5.7% above the national average.</p> <p><i>Why is the budget for the Slough Walk in Centre much lower than the actual spend?</i></p> <p>CH noted that the budget was inherited when NHS England South Central acquired the contract. SS confirmed that although the registered list has continued to increase it would be useful to understand why people are accessing the walk in element of the service also.</p> <p>The Chair thanked CH for the update and the report was noted.</p>	
8.	Quality Report	
	<p>JF presented the paper to the committee highlighting that the report contains the quality metrics that NHS England South Central hold. A lot of work is currently ongoing to further develop quality dashboards, in terms of linking this to the journey that CCGs are on in going towards delegated primary care commissioning. The aim is for a report that will then contain the information from both NHS England and the CCG.</p> <p>SB confirmed that this is the outcome of the work that the CCG have been undertaking with the Area Team since the start of the CCG's.</p> <p><i>CLlr SH raised a question as to why there is no contractual requirement for Dentists and Pharmacists to have a Patient Participation Group (PPG). The reason for the question was primarily around oral health becoming an increasing issue in Slough</i></p> <p>SS confirmed that the oral health strategy is linked to public health, however there is also a national survey that is undertaken by IPSOS Mori covering dental as well as responses about general practice – the link of which will be shared.</p> <p>The Chair thanked JF and confirmed the report was noted.</p> <p>ACTION:</p> <p>Share link to National GP and dental survey</p>	NW
9.	Estates Update	
	<p>NF noted that the first draft of the high level Estates Strategy has just been received. This version is more of a stock take as to what we have and where. The detailed estates strategy will be completed in the summer of 2016. Further conversations with the local authority and stakeholders are taking place, to both explain the purpose and scope of the proposed estates forums and implementation will take place by the end of January / early February.</p> <p>The Primary Care Transformation Fund is a mechanism for funding individual developments in primary care, during the course of last year a number of practices put forward a number of schemes that were either 'approved for 2015/16' and therefore planning permission has been granted or 'approved in principal 2015-19'. These projects were predominantly around creating additional clinical space in practices, which will result in around 70 new clinical rooms been available. These include:</p> <ul style="list-style-type: none"> • 242 Wexham Road - an additional clinical room plus compliance; 	

		Action
	<ul style="list-style-type: none"> • 240 Wexham Road – two additional clinical rooms; • Bharani Medical Centre – planning permission was granted late December 2015, for an additional three clinical rooms; • Herschel Medical Centre – planning permission was granted and the builders are currently on site; • Manor Park Medical Centre – planning permission was granted for two consulting rooms and one treatment room, currently going through due diligence process; • Langley Health Centre – planning permission is awaited for an additional seven clinical rooms; • Farnham Road Surgery – ‘Approved in Principle’ an options appraisal is currently underway; • The Avenue Medical Centre – ‘Approved in Principle’ an options appraisal is underway; and • New Medical Centre Wexham Road – ‘Approved in Principle’ an options appraisal is underway. <p>We had hoped to have received the national guidance by now although it is expected imminently. There will be further work that will take place then to ensure we understand that all of the bids are in line with the primary care strategies. At the moment we think the timescale is end of Feb for Primary Care Transformation Fund but it is possible for this may slip.</p> <p>The Chair thanked NF for his update and the report was noted.</p>	
10.	Locally Commissioned Services – Quarter 2 Report	
	<p>JW presented the paper to the Committee noting that the paper is for information and to ask the Committee to agree that the locally commissioned services are rolled over to next year subject to a clinical review which will be undertaken by the medicines management team within the CCG.</p> <p>There is no cap on these services and therefore they are available to all patients.</p> <p>The Chair confirmed that following the clinical reviews on the specifications, the Committee is happy to support the roll over of the specifications.</p> <p>Actions:</p> <p>EA to provide CH with the high level financial information for inclusion within the Primary Care Financial Report</p>	EA
11.	NHS England Update	
	<p>DE gave a brief presentation to the Committee, highlighting a number of areas including the expansion of the national scheme for pharmacists in GP practices, which has received a very positive response. NHS England will share the learning as evidence has shown that this does work for those people who are commuting and can't get into general practice. NHS England has published its new Patient and Public Participation Policy and Statement</p>	

		Action
	<p>of Arrangements & Guidance on Patient and Public Participation in Commissioning. The improvements in technology, including booking online appointments and access to records.</p> <p>There are a number of free weekly webinars to support practices in the implementation of the online services, which is on top of the good work Bracknell and Ascot have done – the presentation covers what is happening nationally . ‘Stay Well this Winter campaign’, here is a focus on social media this year to get the message out, including facebook and twitter and ‘vlogger’ activity is very popular.</p> <p>In terms of the flu campaign, nationally only half of patients in clinical risk groups have received the vaccination. This was 44.4% in Slough. Furthermore, still only 93.8% of practices are submitting data and this will adversely affect results. The vaccination for children aged 2,3 and 4 years is new. We are just now receiving information that flu is now starting to spread.</p> <p>There is a video on the website, which is very short, entertaining and informative, the link of which will be circulated with the minutes of this meeting.</p> <p>The Chair thanked NW for the presentation.</p> <p>Action:</p> <p>EA to circulate the link to the video with the minutes of this meeting.</p> <p>EA to arrange for the presentation to be published on the website</p>	<p>EA</p> <p>EA</p>
13.	Any Other Business	
	<p>No other business was received.</p> <p>The meeting was closed at 17.25.</p>	
	<p>Date of next meeting</p> <p>Tuesday 12th April 2016 13:30 – 16:30 Windsor Racecourse</p>	

JOINT COMMISSIONING COMMITTEE | SLOUGH - ACTION LOG

Date of Meeting	Item No.	Agenda Item	Action	Responsible Member	Update	Due Date	Status
23-Oct-15	3	Matters Arising	NHS England will write to the practice referenced above with regards to the next steps and the support the practice will receive from NHS England	Nicky Wadely	NW contacted JO'D outside of meeting for details of the patient/practice for clarification of the support required. (26/10/2015)	12-Jan-16	Complete
23-Oct-15	4	Estates Strategy	A half day workshop to be convened in January / February to discuss primary care estate	Nigel Foster	To be arranged	31-Jan-16	
23-Oct-15	5	PMS Review	Chairs and Voting Members Action on this paper – it was agreed that this process will be able to proceed within ten days.	Nasreen Bhatti and Nicky Wadely	Paper circulated to voting members for sign off - PMS Review paper is on the agenda under item 12 for formal sign off	12-Jan-16	Complete
23-Oct-15	7	Estates Strategy	The timescales for the Local Estates Forum will be published in the next week	Nigel Foster	Item 9 on the Agenda includes an update on the Estates Strategy	12-Jan-16	Complete
12-Jan-16	5a	Joint Operations Group (JOG) meeting – Quarterly Report	A process to issue a proforma to patients groups prior to the Primary Care Quality Improvement Group meetings will be put in place.	Sarah Bellars	Under development. One meeting held to develop Terms of Reference so far.	28-Feb-16	
			EA to issue an open invitation to the Lay Chairs to attend future JOG meetings.	Eloise Armstrong	Lay Chairs were invited to attend the forthcoming Joint Operation Group meetings	31-Jan-16	Complete
12-Jan-16	5b	Proposal for working in a federated way to deliver joint commissioning for primary medical care	There needs to be more assurance around the process for this to go ahead, JW and PS to meet with the Lay Chairs and Patient involvement in the new few weeks.	Jacky Walters and Paul Sly	A meeting has been arranged for Monday 25th January 2016	31-Jan-16	Complete
			SB and JW to develop the Equality Impact Assessment	Sarah Bellars and Jacky Walters	Complete	28-Feb-16	Complete
			PS to understand the governance arrangements as to approval and whether this goes to the CCG Governing Body and / or GP Council Members	Paul Sly	Already discussed at member and OLT meetings in Feb. Progressed to Joint Committes in Common for 12th April 2016. Then to Joint Governing bodies on 27th April then to NHS England.	28-Feb-16	Complete
12-Jan-16	6	Primary Care Transformation – 'Steps to the Future' programme	The NHSE Operating Model for the Co-commissioning of Primary Care will be circulated to members of the Committee	Debra Elliott		10-Feb-16	Complete
			A strategy update will be provided at the next committee in April	Sangeeta Saran	Each CCG has a slot on agenda of 12th april JCC.	12-Apr-16	12th April
12-Jan-16	8	Quality Report	Share link to National dental survey	Nicky Wadely and Eloise Armstrong	Complete	10-Feb-16	Complete

Date of Meeting	Item No.	Agenda Item	Action	Responsible Member	Update	Due Date	Status
12-Jan-16	10	Locally Commissioned Services – Quarter 2 Report	EA to provide CH with the high level financial information to incorporate within the Primary Care Financial Report	Eloise Armstrong	The current claims from practices are indicative values, final values will be available following the end of year audit process with practices and will therefore be available for the July meeting.	Ongoing	Jul-16
12-Jan-16	11	NHS England Update	EA to circulate the link to the video with the minutes of this meeting	Eloise Armstrong	Complete	10-Feb-16	Complete
			EA to arrange for the presentation to be published on the website	Eloise Armstrong	The presentation has been published on the website	31-Jan-16	Complete