

Title of meeting:				Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC).			
Date of Meeting		12 th April 2016		Paper Number		6.1	
Title				Quarterly Joint Operations Group (JOG) report			
Sponsoring Director (name and job title)				Nicky Cartwright Interim Director of Strategy & Commissioning			
Sponsoring Clinical / Lay Lead (name and job title)				Clive Bowman Lay Chair JCC CIC			
Author(s)				Jacky Walters Programme Lead			
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				Receive		x	
				Discuss			
				Note		x	
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 sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>			
Strategic Fit				Reflects primary care strategies and federation strategy to work collaboratively where possible.			

<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 Operational 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>The decisions were made in accordance with the conflict 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>
<p>Co-Commissioning governance</p>	
<p>Which CCG does this Paper relate to or potentially affect?</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>
<p>Is this paper related to a NHS England statutory function?</p>	<p>YES Primary Care Commissioning</p>
<p>Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i></p>	<p>None</p>
<p>Are all voting members eligible to vote?</p>	<p>No vote required</p>
<p>Summary:</p> <p>This paper seeks to summarise the work of the Joint Operations Group (JOG) for co-commissioning to date and covers;</p>	

- Internal audit of Primary Care Commissioning: Actions progress update
- Preparation for Delegated Primary Care Commissioning: Timeframe to April 2017
- Personal Medical Services (PMS) review process: Outcome
- Clinical Pharmacists programme: Aims and recruitment
- Locally Commissioned Services: 2 new for quarter 4
- Primary Care Strategy: Progress
- Primary Care Transformation Fund (PCTF): Prioritisation panel April 18th
- CCG Quality meeting update on development: Terms of Reference (TOR) due April

Recommendation(s)

The JCC is asked to receive and note this report.

<u>Chairs Use Only</u>	
Any known conflicted committee members from Declarations of Interest register?	

**Quarter 4 2015-16 report to Primary Care Joint Commissioning Committee (JCC)
Committees in Common (CIC)**

from

Joint Operational Group (JOG) Primary Care Co-commissioning

The co-commissioning structure is now established and operational in the 3 East Berkshire CCG's. The meeting on 12th April 2016 will be the first meeting of the 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 the quarter 4 period, January to March 2016. There have been 3 JOG meetings in this period.

Internal audit of Primary Care Commissioning

In February 2016, Price Waterhouse Cooper (PWC), the CCG's internal auditors conducted an audit focussing on the processes and controls in place in relation to primary care commissioning. The overall outcome report is classified as medium risk, with the following areas identified for consideration in relation to the future operations of primary care co-commissioning. There are 3 Medium risks and 2 Low risks.

The Joint Operations Group will monitor the action plan to address the identified risks.

1. Performance monitoring by the JCCs – Currently performance monitoring of primary care activity jointly commissioned by the CCGs and NHS England is primarily through the CCGs' programme boards looking at seven day working by GPs. As the

JCCs develop and take on increased responsibility for the oversight of primary care commissioning performance metrics based on the CCGs primary care strategies should be established by the JCCs to hold action holders to account.

Medium risk

2. Structure of the Joint Primary Care Co-commissioning Committees (JPCCC) – The CCGs decided to establish a separate JCC for each of the 3 CCGs, supported by a combined JOG. It has been noted that the CCGs are proposing to reconsider this approach due to the commonalities across the CCGs and the potential benefits and efficiencies of moving to a model of a single JCC. PWC believe that adopting a model of a single JCC would have a number of key benefits, provided that clearly documented voting rights for decisions relevant to each CCG were established to maintain appropriate local focus and control.

Medium risk

3. Identification of conflicts of interest – Independence confirmations detailing conflicts of interest are currently not held for members of the JCCs external to the CCGs. Further, covering sheets for papers presented to the JCCs do not include a section on known conflicts of interests and the register of interests for all JCC members is not currently published on the CCGs' web-sites.

Medium risk.

4. Clarity of information presented to the JCCs – The clarity of information presented to the JCCs could be improved. In particular:
 - i. Reducing the use of NHS specific acronyms and jargon wherever possible;
 - ii. Providing a brief explanation why elements of the cover sheets submitted to the JCCs are not applicable (e.g. around the public sector equality duty); and
 - iii. Ensuring that all members of the JCCs (and JOG) have access to the updated action log in advance of the meeting.

Low risk.

5. Communication with the wider GP membership – The Accountable Officer's report brings any major matters from the JCCs to the Governing Bodies for consideration. However, there is currently no standard reporting from the JCCs to the wider GP membership.

Low risk.

The action plan is copied below.

PRIMARY CARE JOINT COMMISSIONING REVIEW - INTERNAL AUDIT 2015/16 ACTION PLAN

updated 3rd April 2016

Action No	Heading	Finding	Level of Risk	Owner	Required Action	Target Date	Progress	Status on progress
1	Performance monitoring by the JCCs – control design	Outside of the quality and finance reports presented by NHS England there is currently no regular performance reporting of primary care activity to the JCCs.	Medium	Jacky Walters	High level metrics for measuring performance against each of the CCGs' primary care strategies to be agreed by the JCCs.	Jul-16	Initial meeting planned with Niki Cartwright.	Draft to JCC on 12th April
2.1	Structure of the JCCs – control design	The successful development of a committee-in-common would require careful consideration in terms of structure, voting rights, and developing the necessary sub-committees and working groups are in place to ensure the primary care strategies are delivered. The CCGs would also need to be vigilant in order to safeguard that sitting in common does not mean the least bad option for all three CCGs is the default position in decision making.	Medium	Jacky Walters	Individual CCGs to agree whether they wish to move from separate JCCs to a committee-in-common.	End of March 2016	25th Jan 2016. Meeting has taken place with all 3 lay chairs and Accountable officer to plan approach and engage GP members. Attended- Slough GP Locality 3/2/16 B&A GP Council 18/2/16 WAM planning for GP Assembly	First Joint Committee in Common 12th April 2016
2.2	Structure of the JCCs – control design	Terms of Reference broadly outline the roles and responsibilities of the JCCs there is no detailed document stating the specific roles, responsibilities and voting rights of each member of the JCC	Medium	Jacky Walters	If the CCGs elect to move to a committee-in-common development of clear terms of reference for the JCC, and any appropriate sub-committees, along with a document outlining the roles, responsibilities and voting rights of each individual JCC member.	Apr-16	Regular meetings booked in with Clive Bowman and Jacky Walters to action plan and deliver. Committed to engage with other Lay Chairs and seek independent governance of documentation.	Terms of reference and Roles & Responsibilities in place
3.1	Identification of conflicts of interest– operating effectiveness	For all representatives from the CCGs an independence return was present. However, for members of the JCCs external to the CCGs independence returns are not currently obtained from these individuals;	Medium	Eloise Armstrong	Independence returns to be obtained from all JCC members, including those external to the CCGs.	Apr-16	Declaration of interest forms sent to all members for return by 12th April 2016	on track
3.2	Identification of conflicts of interest– operating effectiveness	The current cover sheet for papers presented to the JCCs does not include a section detailing any potential conflicts of interest.	Medium	Jacky Walters	Cover sheet to be updated to include a section for detailing any known conflicts of interest in advance of the meeting	Apr-16	New cover sheet designed and already in use.	Completed

3.3	Identification of conflicts of interest – operating effectiveness	The December 2014 guidance on conflicts of interest issued by NHS England states that “CCGs must publish, and make arrangements to ensure that members of the public have access to these registers on request.”	Medium	Jacky Walters	A registers of interests of all JCC members to be published on the CCGs web-sites following the completion of action one.	Apr-16	On track once 3.1 above completed	Post meeting 12th April
4	Clarity of information presented to the committee – operating effectiveness	1. Papers presented to the JCCs currently contain heavy usage of NHS specific acronyms and terminology. 2. A number of sections on the cover sheets for papers presented to the JCCs were marked as not applicable with no further to explanation. 3. At the January JCCs and JOG we noted that the Action Log has not been circulated to all attendees in advance of the meetings.	Low	Jacky Walters	Individuals are to be reminded of the need to use clear English when preparing papers for the JCCs and that if a section of the cover paper is to be marked as not applicable an explanation is provided.	Apr-16	Work has started on compiling a relevant glossary for use with all Primary Care Commissioning work.	Glossary developed
5	Communication with wider GP Membership - control design	No formal mechanism for ensuring that the wider GP membership is aware of the discussions and outcomes of JCC meetings	Low	Jacky Walters	An updated reported to be circulated to all Governing Body members and presented for information to the CCGs’ monthly GP membership meetings following each JCC.	Apr-16	The first written news update is in design.	on track post 12th April

Preparation for Delegated Primary Care Commissioning

NHS England sought approval for a further 51 CCGs to take on delegated responsibility for Primary Care Commissioning at its Board meeting on 31st March 2016. Of 209 CCGs, this will bring the total to 114 CCGs with full delegation in 2016/17. At the current pace of change, NHS England expects nearly all CCGs to have taken on delegated arrangements by 2017/18.

Over the next 3 months the 3 CCG’s will need to engage with their members and other stakeholders on the implications for becoming Delegated commissioners for primary medical services from April 2017. There is opportunity during this process to learn from some of the early adopter CCG’s and this will be supported by NHS England (South Central).

NHS England has provided the indicative timetable below;

Actions and tasks to complete	timeline
Objectives and Benefits of the arrangements developed and engagement with GP council, member practices, Health and Wellbeing Boards (HWBs), Patient Forum, local stakeholders etc.	April – July 2016
CCG Constitution or proposed constitutional amendment has been updated in line with the guidance (and this has also been approved by the NHS England regional office and sent to england.co-commissioning@nhs.net prior to this submission).	July – Sept 2016

Actions and tasks to complete	timeline
Governance documentation has been updated in line with the NHS England guidance (delegated terms of reference for Primary care Committee) engage with GB and NHS England team to finalise for submission – iterative process	July – Sept 2016
CCG has reviewed its conflicts of interest policy in line with NHS England’s managing conflicts of interest statutory guidance. The Director of Commissioning and Operations (DCO) confirms the CCG meets the required conflicts of interest management thresholds.	July – Sept 2016
CCG Information Governance Toolkit meets level 2 criteria as a minimum	July – Sept 2016
The CCG’s current assurance level (as at Q2 of 2016/17 or equivalent) for each of the five assurance components:	July – Sept 2016
Finance template for delegated budgets completed in full (include completed table):	July – Sept 2016
CCG sign off and Submission by end of September for submission to NHS England	October 2016
NHS England approval process/feedback and comments	November – December 2016
Preparation for Delegation	January – March 2017
Delegation Day	April 2017

PMS review process

NHS England and the 3 CCG’s have now completed the Personal Medical Services (PMS) contract review process in line with the national timescale of 31st March 2016.

Key outcomes are reported below. The information is presented In order to protect the identity of individual practice level funding streams which might be considered commercially sensitive information.

Of the fourteen practices affected by the review, no individual practice retained funding for services that were bespoke to the needs of its registered population. This means that the total of PMS premium will be reinvested. There is a national commitment from the PMS process that any resources freed up from PMS reviews should always be reinvested in general practice services and that NHS England should agree these with each CCG.

Affected practices are based, one in the Bracknell & Ascot (B&A) CCG area, two in Windsor Ascot & Maidenhead (WAM) CCG area and eleven practices in the Slough CCG area. All funding comes back to NHS England and to the CCG for reinvestment and is removed from practices on a monthly basis over 48 or 60 months, from 1st April 2016 to 2021. This monthly variation is based on whether a practice chooses to retain their PMS contract or revert to the

national GMS (General Medical Services) contract. Eleven of the fourteen practices have reverted to GMS contracts from 1st April 2016.

Slough CCG has the majority of its practices affected and to varying degrees, by loss of PMS funding. It has designed a 3 year locally commissioned service (LCS) that will support the sustainability of general practice across Slough, seek to address current inequalities, support its Quality, Innovation, Productivity and Prevention (QIPP) plans and lay the foundations with the community and workforce for the development of its vision for a seven day, new model of primary care. In the region of £200,000 will be invested in year one as part of the 3 year initiative, rising to just over £1m in March 2019. Annual review will enable practices and the CCG, with patients to reflect and build on the outcomes achieved. Healthwatch will be a key partner in the evaluation process.

Both Bracknell and Ascot CCG and WAM CCG have significantly less financial return for reinvestment. Initially the funds will contribute to the review of phlebotomy and dressings services for the longer term.

Clinical Pharmacists programme update:

All 16 practices in Slough have agreed to be part of the initiative to have a Clinical Pharmacist working within their practices. Local clinicians have fed their views and priorities in to the development of the job description and vision for the role. Additionally, several clinical leaders have agreed to support the pharmacists and ensure the maximum potential is achieved. The job advert is now live and candidates are invited to apply before the closing date of 14th April 2016. There has been a lot of interest and the aim is to appoint by the end of April 2016.

The aim is to create a team of pharmacists to:

- Improve management of long term conditions to reduce associated non-elective admissions and referrals.
- Carry out reviews on people on multiple medications (polypharmacy) with multiple co-morbidities to optimise treatments and thereby reduce medication waste, medication costs, medication related non-elective admissions and non-elective admissions related to poor disease control or non-adherence to therapy.
- Complete post-discharge medicines reconciliation and patient support program to reduce re-admission rates.
- Improve the safety of prescribing and reduce untoward events and adverse effects.
- Improve access to GPs and reduce hospital and OOH attendances for repeat prescriptions by taking over the role of resolving prescription problems and queries.
- Improve Primary Care access by providing appointments for minor ailments.
- Ensure best value is obtained from prescribing by reducing waste, reducing over-ordering and using locally recommended products.
- Facilitate uptake of national and local guidelines through audit, education and implementation of change within practices.

Locally Commissioned Services

2 new Local Commissioned Services have been presented to the JOG in Quarter 4. Both are for Slough: i) Care Homes LCS and, ii) Slough Whole System Support LCS (as noted in PMS report above).

The role of JOG is to provide assurance to the JCC CIC, through its knowledge of the commissioning and contracting of primary medical services, that proposed local commissioned services are a) not resulting in double payment to GP practices and b) that potential conflicts of interest for primary care have been managed.

Paper 6.2 on this committee agenda provides more detail and requests that the JCC CIC ratifies the decision taken to commission these services.

Following approval at the last JCC in January, the following locally commissioned services have rolled over to 2016/17:

- Provision of Near-Patient Testing and Amber Drugs;
- Insulin for Type 2 Diabetes; from initiation to ongoing management;
- Anti-Coagulation Monitoring (Level 3 and Level 4);
- Depot Neuroleptic Service;
- Stable Prostate – Patient Follow Up In Primary Care; and
- Arrhythmia

The specifications are now in the final process of the clinical and quality reviews and will be issued to practices. Practices have confirmed which services they will be providing in 2016/17.

To finalise the 2015/16 end of year processes, all practices across Berkshire East CCG's who have signed up to provide the above LCS's are required to complete and submit their clinical audits at the end of the financial year. The year-end payments in May 2016 will rely on the submission of these clinical audits to assure the quality of services. The service reviews using the clinical audits, will be carried out with Local Medical Committee input, medicines management expertise and independent clinical and quality input to ensure any conflicts between commissioners and providers is managed.

Primary Care Strategy

At the last Primary Care JCC of each CCG in November and December 2015 there was a presentation of the common themes emergent from the 3 Primary Care transformation programmes. There is recognition that where there are opportunities to do things once to benefit all three, then this should become a part of the wider primary care strategy across East Berkshire.

Furthermore, the internal PWC audit detailed above highlighted that currently the performance monitoring of primary care activity jointly commissioned by the CCGs and NHS England is primarily through the CCGs' programme boards looking at seven day working by GPs. As the JCC CIC develops and takes on increased responsibility for the oversight of primary care commissioning, performance indicators based on the CCGs primary care strategies should be established by the JCC CIC to hold action holders to account.

Each CCG is at a slightly different stage with its strategy but early discussions have led to an understanding of common strategic direction leading to individual transformation plans. These are depicted in a graphic that is discussed later on the agenda of the JCC CIC meeting and can be available thereafter. Key performance indicators are proposed for monitoring by the JCC CIC.

Primary Care Transformation Fund (PCTF)

CCGs are to make recommendations to NHS England to support the funding of improvements or developments in primary care for part of this £1bn national PCTF investment. To date there is still no final national information about the process for submission and criteria which will be used to assess proposals by late spring 2016.

The CCG's are however progressing with work, alongside practices that have intentions which reflect local primary care and estates strategies. It is planned that a panel convenes on the 18th April to agree what projects should progress to the CCG Governing Bodies for approval of submission to NHS England. The outcome of this panel will be presented to the Joint Governing Bodies meeting on 27th April 2016, and the decision reported to the next JCC CIC in July 2016.

Panel membership will consist of CCG Head of Operations or deputy, Finance and Commissioning Directors, Lay and patient governing body membership and estates specialist.

CCG Quality meeting update on development

The first Primary Care Quality Improvement Group was held on Friday 12th February 2016. The following membership was present:

Sarah Bellars, Director of Nursing, 3 CCGs in East Berkshire (CHAIR)
Rebecca Tyrrell, Quality Improvement Manager, NHS England South Central
Mark Sanders, Healthwatch Bracknell and Ascot
Karen Stevens, Symons Medical Centre
Jennie Ford, Sandhurst Group Practice Manager & BACCG Board Member
Sangeeta Saran, Head of Operations, Slough CCG
Alex Tilley, Head of Operations, Windsor Ascot and Maidenhead CCG
Nick Spence, Assistant Contracts Manager, NHS England South Central
Jacky Walters, Programme Lead Primary Care, Slough CCG
Jo Greengrass, Deputy Director of Nursing, 3 CCGs in East Berkshire
Nicky Wadely, Programme Lead NHS England South Central
Dr Priya Kumar
Hannah Sunmboye, Quality Administrator

The aim for this first meeting was to share information on who holds what data on primary care and how we can use it and work together to support improvement in primary care. Terms of reference (TOR) were to be drafted for the next meeting on 15th April 2016 and can be shared with the JCC CIC in July 2016.

Date of report April 2016