

Title of meeting:		Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC).			
Date of Meeting	12 th April 2016	Paper Number	6.2		
Title	Ratification of decisions made by the JCC prior to this quarterly meeting				
Sponsoring Director (name and job title)	Nicky Cartwright Interim Director of Strategy & Commissioning				
Sponsoring Clinical / Lay Lead (name and job title)	Nasreen Bhatti Lay member for Governance				
Author(s)	Jacky Walters				
Purpose	<p>The purpose of this paper is to inform the Committee of decisions necessarily taken by applying the NHS England process for primary care co-commissioning decision making outside of the quarterly meetings, which relate to:</p> <ul style="list-style-type: none"> • The re-investment of Personal Medical Services (PMS) premium. • The approval of a Care Homes Locally Commissioned Service for Slough Clinical Commissioning Group (CCG) and; <p>To seek formal ratification of these decisions.</p>				
The Primary Care Joint Commissioning Committee is required to (please tick)					
Approve	<input checked="" type="checkbox"/>	Receive	<input type="checkbox"/>	Discuss	<input type="checkbox"/>
Note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	NHS England has set a national timeframe for PMS reviews.				
Public Sector Equality Duty	Equality Impact Assessment was conducted for PMS.				
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</p>				

	<p>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>
<p>Strategic Fit <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Reflects Slough CCG Primary Care Strategy and Quality, Innovation, Productivity and Prevention Programme (QIPP) for 2016.</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>Director of finance has approved the decisions detailed in this paper as part of the process.</p> <p>Date Deputy CFO sign off 15th March 2016</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 Operational Group that are part of the decision process</p> <p>Date Deputy Director of Nursing sign off 11th March 2016</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>Each decision had engagement at the appropriate level.</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</p>

	environment; and protecting them from avoidable harm.
Co-Commissioning governance	
Which CCG does this Paper relate to or potentially affect?	Slough <input checked="" type="checkbox"/> WAM <input type="checkbox"/> Bracknell & Ascot <input type="checkbox"/>
Is this paper related to a CCG statutory function?	Yes delegated as in co-commissioning
Is this paper related to a NHS England statutory function?	Yes, the commissioning of local services from GP Practices.
Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	GP's
Are all voting members eligible to vote?	YES

Executive Summary

PMS Locally Commissioned Service Slough

In order to proceed with the PMS review process within the stipulated national timeframe NHS England and Slough CCG deemed it was necessary to progress key decisions related to the reinvestment of the PMS premium.

Decision:

- 1) The first 3 years of PMS premium (c. £1.2m) would be re-invested through a Slough wide Locally Commissioned Service that would demonstrate equity of access to all registered patients across Slough to enhanced and transformational services delivered through primary care and that would also lay the foundation for Sloughs strategy and new model of primary care.

Care Home Locally Commissioned Service Slough

In order to progress with commissioning a service that is key to the delivery of the Slough CCG Quality, Innovation, Productivity and Prevention Programme (QIPP) for 2016, NHS England and Slough CCG deemed it was necessary to progress key decisions related to the approval and procurement of this service.

The service is jointly commissioned with Slough Borough Council through the Better Care Fund.

Decision:

- 1) The Locally Commissioned Service was approved in order that it could advance to the procurement stage without delay.

Recommendation(s)

The recommendation is that the Committee ratify the decisions outlined in the attached paper.

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

Ratification of decisions made by the JCC prior to this quarterly meeting

1. The NHS England (South Central) Draft Operating Model for Co-commissioning of Primary Care version 2.1 January 2016 sets out the process for decision making in the Joint Committee.
2. It states that where decisions are required within a timeframe that does not fit with the operational and JCC meeting dates then decision can be taken by a subcommittee or the Director of Commissioning for NHS England. Decisions taken in this way will need to be advised to the next scheduled Committee to ratify the decision.
3. The Joint Operations Group recommended to NHS England Director of Commissioning and Director of Quality and the CCG Director of Finance that these decisions were taken. These were subsequently approved.

PMS

Decision: In order to proceed with the PMS review process within the stipulated national timeframe NHS England and Slough CCG deemed it was necessary to progress key decisions related to the reinvestment of the PMS premium.

A local commissioned service has been developed that will meet the following aims and objectives.

AIM:

The overriding aim of this service is to ensure equity of access to all patients across Slough to an enhanced and transformational service delivered through primary care.

OBJECTIVES:

- To commit to operating as a whole-system with partner organisations through a range of best practice standards and initiatives that will result in patients feeling that their pathway experience is co-ordinated and integrated with primary care.
- To pro-actively identify specific groups of patients and deliver or provide access to services that are person centred and responsive to their specific need thereby reducing potential for inequalities.
- Through a demonstrable and consistently enhanced level of general practice Slough will provide a strong foundation which underpins the transformation of Primary Care and workforce development.
- That general practice is pro-actively engaging with its population to co-design and prepare for the transformation to a new sustainable model of primary care over the course of the next 3 years.

The Slough strategy for primary care, the Slough Joint Strategic Needs Assessment (JSNA), The New Vision of Care and the Five Year Forward view vision for more integrated services, at scale and whole system approach to local health care have underpinned this service.

As a result this local commissioned service has been designed to re-invest c. £1-1.2m into General Practice services in Slough over the next 3 years. Payment will be phased over this period as the premium is released back to the commissioner each month.

Evidence Base:

1. Slough has historically, lower than average levels of patient satisfaction with access to primary care and is on a continuous journey to respond to patients insights and learning from new interventions, such as the prime ministers challenge programme to improve these views and experience. (National GP Patient Survey). Patients seem to demand higher than the average primary care consultations than other local areas.
2. Healthwatch in 2015 undertook a series of reviews across Slough practices and fed back some further insights. These are reflected in commissioning this Locally Commissioned Service. All practices will open their doors 8am -6.30pm. Practices will collaborate with patients to standardise phone and written messaging across Slough.
3. A&E attendance numbers in Slough continue to be high at almost 4% above the previous year. The population has evidenced through its response to the national GP patient survey, that if an appointment is not available when they try to book people will more often resort to A&E than other populations. They might also however, be more likely to use pharmacists or accept a telephone consultation. Practices will demonstrate proactive engagement with their patients that attend A&E to understand why their population is making this choice and seek to address this.
4. This LCS will enable practices to support the delivery of the new clinical pharmacist role that will become an integral part of every practice team. Retaining, attracting and developing a workforce that supports a sustainable future for Slough primary care services is another strategic objective.
5. There is evidence that practice attention to most effective prescribing guidance reduces waste in the system. This LCS will expect practices to engage with prescribing to meet Sloughs specific medicine management needs.
6. Public Health reporting indicates that many practices in Slough continue to struggle to achieve national targets for cervical cytology, influenza and childhood immunisations. In such a culturally diverse and deprived environment this can need extra effort to engage and encourage patients. This LCS will demonstrably see all practices demonstrating that they learn from those who achieve higher results and so spread best practice across Slough.
7. Practices in Slough have some excellent examples where pre-referral investigation and management has a positive effect on limiting unnecessary referrals to other providers. All practices will be expected to demonstrate referral management practice that controls the rate of referrals to clinically appropriate levels and engage with peer review.
8. Slough had seen a steady rise in non-elective admissions over the past few years and has managed to reverse that trend through focussed evidence based complex case management approaches. All practices will increasingly continue to apply this methodology and in doing so, lay the foundation for a new model of primary care.
9. General Practice has over a number of years absorbed work as a result of whole system transformation changes such as shorter acute hospital episodes, more complex pre-operative preparation, investigation and post-operative care. The CCG recognises this has an impact on demand and capacity and as such this LCS will

provide resource for all practices to ensure that this part of the patient pathway works smoothly between providers and enhances the patient experience.

10. Good pre-operative preparation including the management of abnormal pre-operative investigations reflects whole system efficiency and can lead to the best experience for patients when it is well integrated. Where it is clinically appropriate, this LCS will expect all practices to work seamlessly with secondary care across these areas.
11. There are some other specific services that are not offered to all eligible patients And evidence that patients should have access Slough wide. These are;
 - a) Hepatitis C screening. The Slough JSNA states that Hepatitis C is a major problem and there is believed to be large numbers undiagnosed. NICE recommends testing for at risk patients in primary care
 - b) Screening for Familial Hypercholesterolaemia.
 - c) Proactive opportunistic Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) is being considered further.

Care Home Local Commissioned Service (LCS) Slough

Decision: In order to progress with commissioning a service that is key to the delivery of the Slough CCG Quality, Innovation, Productivity and Prevention Programme (QIPP) for 2016, NHS England and Slough CCG deemed it was necessary to progress key decisions related to the approval and procurement of this service.

Provision of optimal care in a care home is of priority within Slough's Better Care Fund (BCF) programme. This project is building on the BCF programme of provision of proactive care to enable residents to be cared for within the care home and thus avoid unnecessary admissions into hospital.

In the pilot phase prior to this LCS procurement, an investment of £110k (£350 per patient proactively managed) produced a 30% reduction in non-elective admissions and a saving of £350k.