

MINUTES

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

COMMITTEE IN COMMON

Tuesday 12th April 2016, 13:30 – 14:30

Royal Windsor Racecourse

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)
Paul Sly	PS	Interim Chief Officer, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and 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
Nasreen Bhatti	NB	Lay Governance 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
Nigel Foster	NF	Chief Finance Officer, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Niki Cartwright	NC	Interim Director, Strategy and Commissioning, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Alex Tilley	AT	Head of Operations (Interim), Windsor, Ascot and Maidenhead CCG
Dr Judith Kinder	JK	GP Director, Windsor, Ascot and Maidenhead CCG
Nicola Strudley	NS	Healthwatch Slough
Nicky Wadely	NW	Programme Manager Co Commissioning, NHS England South Central
Jacky Walters	JW	Co-Commissioning Lead, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead

		CCG
Sarah Bellars	SB	, Director of Nursing, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG
Mark Sanders	MS	Healthwatch, Bracknell Forest
Cllr Sabia Hussain	Cllr SH	Commissioner for Health and Wellbeing, Slough Borough Council
Cllr David Coppinger	Cllr DC	Lead member for Adult Services and Health, Royal Borough of Windsor and Maidenhead Health & Wellbeing Board
Dr Asif Ali	AA	GP Director, Slough CCG
Dr Adrian Hayter	AH	GP Director, Windsor, Ascot and Maidenhead CCG
Dr Jackie McGlynn	JMcG	GP Director, Bracknell and Ascot CCG
Sangeeta Saran	SS	Head of Operations, Slough CCG
Mary Purnell	MP	Head of Operations, Bracknell and Ascot CCG
Karen Maskell	KM	Lay Member, Bracknell and Ascot CCG
Eloise Armstrong	EA	Senior Consultant (Primary Care), South, Central & West Commissioning Support Unit (minutes)

		Action
1.	Welcome and Introductions	
	<p>CB (The Chair) welcomed all attendees to the first 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.</p> <p>The Chair confirmed that there is now a glossary available on the CCG intranets, however if anyone is unclear of any acronyms they were welcomed to ask throughout the meeting. The glossary can be found on the following web pages:</p> <p>http://www.bracknellandascotccg.nhs.uk/wp-content/uploads/2015/06/NHS-Acronyms_Glossary.pdf</p> <p>http://www.sloughccg.nhs.uk/images/NHS_Acronyms_Glossary.pdf</p> <p>http://www.windsorascotmaidenheadccg.nhs.uk/wp-content/uploads/2015/06/NHS-Acronyms_Glossary.pdf</p> <p>KM asked if these could be shared with each of the 3 CCG patient forums for any final comments and points of clarity.</p> <p>The Chair noted that this meeting has been convened following the wider discussion held at the last Joint Commissioning Committees of all three CCGs, this enables topics to be discussed together, although decisions that are pertinent to an individual CCG can only be approved by the relevant CCG and NHS England voting members. Therefore all statutory decisions and responsibilities remain the same.</p> <p>Action: The glossary to be shared with each of the 3 CCG patient forums for any final</p>	EA

		Action
	<i>comments and points of clarity</i>	
2.	Apologies and Declarations of Interest	
	<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>Mike Connolly, Lay Member, Patient Representative, Slough CCG</p> <p>Dr Jim O'Donnell, GP Director, Slough CCG</p> <p>Declarations of Interest:</p> <p>The Chair confirmed that there is a conflict of interest register available, it is important that all members of this JCC CIC register all interests. A draft flow chart has also been made available to all members to assist with this process.</p> <p>For voting members this is absolutely essential, however to ensure openness and transparency the Chair requested that all members register their interests.</p> <p>Cllr SH declared a potential interest in Item 6.2 on the agenda; 'Ratification of decisions since last JCC', the Chair asked whether Cllr SH was a voting member on that decision, whereby Cllr SH declared 'no'. Therefore in the Chair's judgement, it is not necessary to exclude Cllr SH from the conversations and she was invited to contribute when that item on the agenda is reached.</p> <p>The Chair noted that during conversations, members of this JCC CIC may realise they have a conflict of interest, in which case they were requested to raise these if and when the time comes. Similarly, when members read the minutes of this meeting, they may realise they have a conflict of interest and in such circumstances, they have 28 days in which to register any conflicts of interest.</p> <p>The register will be made available to view on each CCG website. No formal questions have been received from members of the public, however the Chair invited members of the public present at the meeting to raise their hand during the meeting if they have a question.</p>	
3.	Quoracy	
	<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 	

		Action
4.	<p>Terms of Reference</p>	
	<p>The Chair noted that each CCG must approve the recommendation in this paper.</p> <p>NC presented the paper to the Committee, explaining that the paper sets out the draft Terms of Reference for the JCC CIC and the Roles and Responsibilities of the voting members and wider membership. There has been extensive work on the Terms of Reference since the January meeting and there is still an opportunity to make final amendments prior to recommendation to the Joint Governing Body meeting on the 27th April, following this meeting NHS England will be asked to formally approve the constitutional amendments.</p> <p>The following comments were received:</p> <ul style="list-style-type: none"> • The acronym in the first paragraph ‘JCC CIC’ to be entered in full, acronyms can be used thereafter. • The terms of reference contain no reference to the framework document that is to be used in order to deal with urgent actions between meetings • Following a wider conversation it was agreed that the terms of reference will be reviewed in April 2017, thereafter the review period will be September – September. <p>MS raised the question that if there is a framework to deal with urgent items outside of this Committee then how will the wider membership be aware of these decisions?</p> <p>Confirmation was received that any decisions outside of this meeting will be by exception and the decisions will be brought to the following meeting for ratification. It is of note that under contract regulations if practice lists close or practice mergers take place then the timeline for these decisions is very strict and patient and public involvement will need to proceed and decisions taken.</p> <p>Action:</p> <p><i>It was agreed that a paper would be presented to the next JCC CIC in order to consider the role of the Primary Care Joint Operations Group (JOG) in terms of decision making.</i></p> <p><i>A question was received from the floor:</i></p> <p><i>Dr William Tong, speaking as a member of the public and GP, there is concern amongst members practices around co-commissioning, whilst there are GP members on this Committee in Common, can the Committee in Common provide assurance that there are adequate processes in place to ensure that clinical engagement remains strong.</i></p> <p><i>The Chair responded, as Chair of this JCC CIC, he would like to emphasise that the Governing Body has strong clinical input and this is imperative even though items have to be brought here to be ratified – therefore the Chair noted that he endorses and hears what is said, it’s extremely important to ensure that clinical engagement remains strong.</i></p> <p><i>SK noted that there is important dialogue with GP Council and there has been dialogue as we decide whether we go for delegated commissioning, the clinical voice is very important. Dr William Tong noted that we would look to NHS England for support. DE confirmed that this topic is very timely, a discussion document was presented at the NHS England Board</i></p>	<p>JW</p>

		Action
	<p>meeting on 31st March around ensuring the robustness of the clinical engagement / conflicts of interest in co-commissioning. The link is attached.</p> <p>https://www.england.nhs.uk/wp-content/uploads/2016/03/item-9-31-03-16.pdf</p> <p>Roles and Responsibilities</p> <p>Minor amendment to be made; under ‘Roles of Individual members: Chair / Vice Chair (Voting)’, sixth bullet point to read “developing and approving an annual report to the CCG Governing Bodies” not quarterly report.</p> <p>The JCC CIC was asked to approve the Terms of Reference and Roles and Responsibilities:</p> <ul style="list-style-type: none"> • Bracknell and Ascot CCG – Approved • Slough CCG – Approved • Windsor, Ascot and Maidenhead CCG – Approved <p>The Chair confirmed that three approvals were received from each of the CCGs.</p>	
5.	<p>Minutes of the last meeting (12th January 2016) and Action Log</p>	
	<p>Bracknell and Ascot CCG</p> <p>Minutes of the last meeting</p> <p>The Committee reviewed the minutes of the last meeting and the following amendments were requested:</p> <ul style="list-style-type: none"> • Page 4, Item 3, Primary Care Strategies – remove the word ‘very’ from very engaged • Page 3, Item 5, Delegation of Authority – “subject to further discussion within the CCG”, add the word “considering” <p>Following the amendments above, the minutes were accepted as a correct record.</p> <p>Action Log</p> <p><i>Action No.6 - Quality Report</i> – JF and MS to establish how Healthwatch could contribute to the Quality Report, SB confirmed that the Quality Group will take this action forward and report back to this Committee in Common, the Terms of Reference for the Quality Group will be presented to the next meeting in July</p> <p><i>Action No. 13 - PMS Review</i> - update will be covered in Item 12 on today’s agenda.</p> <p><i>Action No. 31 & 58 (new) - Glossary of Acronyms</i> – KM confirmed that she will share this with the Patient Assembly.</p> <p><i>Action No. 28 - Locally Commissioned Services – Quarter 2 Report</i> – 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.</p> <p>MS requested that links are included on the action log for ease of reference where it states that something has been published</p>	

		Action
	<p>Slough CCG</p> <p>Minutes of the last meeting</p> <p>In terms of accuracy the minutes were agreed as a correct record.</p> <p>Action Log</p> <p><i>Action No 2 - Estates Strategy</i> – NF confirmed that the thinking around how we move this work forward has evolved since the previous meeting, therefore work is currently underway to ensure that all of the necessary stakeholders will be available for a meeting to take place in the next 6-8 weeks.</p> <p><i>ClIr SH requested clarity as to who the stakeholders will be emphasising the importance of ensuring that all of the right stakeholders are in the room, NF confirmed that in terms of the wider stakeholders then local authority representation is certainly key.</i></p> <p><i>Action No. 26 - Primary Care Transformation Fund</i> - applications are currently been considered – there is a short paragraph in item 6.1 on the agenda to explain this in further detail.</p> <p><i>Action No. 28 - Locally Commissioned Services – Quarter 2 Report</i> – 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.</p> <p>Windsor, Ascot and Maidenhead CCG</p> <p>Minutes of the last meeting</p> <p>The Committee reviewed the minutes of the last meeting and the following amendments were requested:</p> <ul style="list-style-type: none"> • Page 2, Item 5, Delegation of Authority – “subject to further discussion within the CCG”, add the word “considering” <p>Following the amendments above, the minutes were accepted as a correct record.</p> <p>Action Log</p> <p><i>Action No. 6 - Quality Report</i> – JF and MS to establish how Healthwatch could contribute to the Quality Report, SB confirmed that the Quality Group will take this action forward and report back to this Committee in Common, the Terms of Reference for the Quality Group will be presented to the next meeting in July.</p> <p><i>Action No. 44 - Draft Operating Model</i> – DE confirmed that the draft Operating Model was circulated, therefore this action can be closed on the action log.</p> <p><i>Action No. 60 - Draft Operating Model</i> – A new action to be raised, to review the Operating Model to ensure that it reflects the Primary Care Joint Operation Group</p> <p><i>Action No. 53 - Role of the Joint Operations Group, in terms of decision making</i> - the JCC CIC terms of reference were approved earlier in the meeting (Item 4 on today's agenda), a paper will be brought to the next JCC CIC in July around the role of the Primary Care Joint Operations Group.</p>	
6.	Joint Operational Group (JOG)	

		Action
6.1	Update paper from JOG	
	<p>NC provided the JCC CIC with a brief update highlighting the following areas in the report:</p> <p><u>Internal audit of Primary Care Commissioning</u> – noting that following the audit undertaken by Price Waterhouse Cooper (PWC) in February 2016, the overall report is classified as medium risk, the action log and risk register are included in the paper.</p> <p><u>Preparation for Delegated Primary Care Commissioning</u> – following a brief overview, NC noted that from the 1st April 2016, 51 CCGs across the country will take on full delegation, bringing the total number of CCGs to 114 out of 209. For Windsor, Ascot and Maidenhead CCG, Slough CCG and Bracknell and Ascot CCG, the CCG’s now need to engage with their members and other stakeholders over the next 3 months on the implications for becoming delegated commissioners for primary medical services from 1st April 2017, an indicative timescale is included in the paper.</p> <p>KM noted that in terms of the timetable for delegated authority, between April – July 2016, it would be useful to have a meeting by meeting schedule, identifying who’s doing what and when. Need to ensure that there is a proper consultation in order to understand what responsibilities the CCG will be taking on if the position of full delegation was assumed.</p> <p>JW confirmed that the CCG’s have been working very closely with NHS England who have significant experience of this process, the CCG’s will ensure that they learn from others and CB recently attended a national event. All of this learning will be pulled together.</p> <p>A paper will be presented to the CCGs Joint Governing Body meeting on the 27th April, the internal audit report contains a view about the CCG going for delegated authority, the paper can be found at [insert link], the paper will contain the options available to the CCG. PS noted that we need to be mindful that a number of CCG’s are working at different speeds and the 3 CCGs need to ensure that they have a rationale for the speed at which they’re working.</p> <p><i>A question was received from the floor:</i></p> <p>Dr William Tong, speaking as a GP, expressed concerns that the paper is going to the Governing Body meeting for approval.</p> <p>PS noted that the paper will be a statement of facts, noting the step by step process, it will not be a paper for decision.</p> <p>The Chair thanked and commended all for their hard work and the report was noted.</p> <p><u>PMS review process</u> – The Personal Medical Services (PMS) contract review process has now been completed by NHS England and the 3 CCGs. Eleven of the fourteen practices have reverted to the General Medical Services (GMS) contract with effect from the 1st April 2016.</p> <p><u>Clinical Pharmacists programme update</u> – All practices in Slough have agreed to be part of the initiative to have a Clinical Pharmacist working within their practice. Candidates for the positions are invited to apply for the positions in primary care and it is expected that the appointments will be made by the end of April 2016.</p> <p><u>Primary Care Transformation Fund (PCTF)</u></p>	

		Action
	<p>A prioritisation panel will convene on Monday 18th April to agree which projects should be progressed to the CCG Governing Body on the 27th April for approval of submission to NHS England. The decision will be reported to the next JCC CIC in July 2016.</p> <p>It was confirmed that certainly in WAM, a number of events have been held around PCTF applications, participation included local residents, feedback has been included on websites.</p> <p>Actions:</p> <p>a) A paper to be presented to the Governing Body on 27th April regarding Delegated Authority for primary care commissioning.</p>	<p>JW</p>
<p>6.2</p>	<p>Ratification of Decisions since the last JCC</p>	
	<p>NC noted that this is a Slough only item and therefore ratification is only required by Slough CCG.</p> <p>Primary Medical Services (PMS)</p> <p>Due to the national timeframe, whereby the CCG had to have plans to reinvest the PMS premium by the 31st March 2016, the decision was made the PMS premium would be reinvested through a Slough wide Locally Commissioned Service (LCS) which would be available to all registered patients in Slough.</p> <p>This approach was considered by the Governing Body non-conflicted members to identify what services would be beneficial to the registered population of Slough. The intelligence was developed through conversations through the PMS Review process, a Joint Strategic Needs Assessment (JSNA) was also considered. In November 2015, Nigel Foster and Dr Jim O'Donnell wrote to practices regarding their intentions and following this they met with practices in December 2015 to discuss these intentions in further detail, mindful of the Conflicts of Interest process. In accordance with NHS England timelines, this process had to be signed off by the end of March 2016. At the Primary Care Joint Operational Group (JOG) on the 11th March, it was recommended to the NHS England Director of Nursing and Director of Quality and the CCG Director of Finance that these decisions were taken. It was agreed by DE at NHS England South (South Central) that the funding could be used this way.</p> <p>SK asked what metrics will be used to monitor the LCS to ensure that it is successful?</p> <p>JW confirmed that following wider conversations with the Heads of Operations there will be a number of high level measures including: non-elective figures; Friends and Family Test, there will also be a database of information that will be gathered from practices, the outcomes of which will be shared.</p> <p>Payment of this LCS is based on the weighted practice population that is used for other primary care contract payments.</p> <p>NB noted that as part of the assurance process, JW and a member of the finance team had recently been out to visit every practice individually to discuss this specification, a number of separate meetings had also been held to go through the specification and the process, therefore the JCC CIC can be assured that the governance process has been adhered to.</p> <p>The voting members for this JCC CIC agreed the Locally Commissioned Service</p>	

		Action
	<p>Care Home Locally Commissioned Services (LCS) Slough</p> <p>SS noted that as part of the Slough CCG Quality, Innovation, Productivity and Prevention Programme (QIPP) for 2016 and jointly commissioned with Slough Borough Council, the decision to go ahead with this scheme to provide optimal care to patients in a care home was taken at the Better Care Fund (BCF) Programme Board. The nursing home service is in addition to the services that GP's currently provide as part of the GMS Contract. To ensure that conflicts of interest were effectively managed, the specification was developed with clinical expertise from Buckinghamshire and Berkshire West.</p> <p>JK noted that there are member practices in WAM CCG that get a retainer for looking after the care homes, however AA confirmed that within Slough it's very ad hoc, therefore a particular care home may have 3 or 4 practices looking after patients, and practices in Slough don't receive a retainer. Following a wider conversation regarding the management and monitoring of this service and the potential conflicts of interest that could occur, SS agreed to take this back as an action to the BCF.</p> <p>AH noted that there are some patients in Slough care homes that are looked after by a WAM practice under the contractual arrangements with the care home, on a retainer basis. SS confirmed that this LCS is looking primarily at the care homes whereby the CCG and the Local Authority are aware of issues. It is not covering every care home.</p> <p>SK requested that the service specification for this LCS be issued – EA to issue.</p> <p>PS noted the accountability around who is responsible for management of the contract, BCF or the CCG needs to be addressed.</p> <p>DE confirmed that NHS England South (South Central) supported this LCS in principal.</p> <p>Actions:</p> <ul style="list-style-type: none"> a) EA to circulate the service specification for the Care Homes LCS to the membership of this Committee b) SS to clarify the accountability around who is responsible for the management/monitoring of the contract, BCF or the CCG? 	<p></p> <p>EA</p> <p>SS</p>
7.	<p>Primary Care Strategy Key Performance Indicators</p>	
	<p>NC provided a brief overview of the paper highlighting that it is the responsibility of the JCC CIC to monitor the approach to commissioning of primary care services, undertake the reviews and monitor delivery and outcome of contracts and oversee the delivery of the primary care strategy.</p> <p>A wider conversation took place around the indicators contained within the paper and potential indicators that could be included i.e. quality indicators. It was agreed that clinical involvements from all 3 CCG's need to be incorporated as the measurements of care will be different across the CCG's and involved from PPI / Healthwatch.</p> <p>PS noted that there are some national indicators that the CCG will have to adhere to and KM suggested that it needs to be clear as to what are national and what are local indicators.</p> <p>It was therefore agreed that JW would take this back to the Primary Care JOG to further</p>	

		Action
	<p>develop this work, which will be presented to the next JCC CIC in July.</p> <p>The Chair thanked NC and JW for the update, noting that it's important that indicators are approved for 2016/17.</p> <p>Action:</p> <p>a) The indicators will be discussed in further detail at the internal Primary Care JOG meeting and the Quality Team and a paper will be presented to the JCC CIC in July.</p>	<p>JW</p>
<p>8.</p>	<p>NHS England Update</p>	
	<p>DE presented a brief overview to the JCC CIC, highlighting that today's presentation supports the announcement that is to be made on the 18th April around the additional support available to practices.</p> <p>The presentation is based on the findings following a survey undertaken by 250 practice managers and audits of 5,128 GP Consultations, submitted by 56 GPs, which identified in total 27% of appointments were judged to have been appropriate for diversion or handled differently.</p> <p>DE noted that the most common potentially avoidable consultations in primary care were where patients could have gone to either someone in the wider primary care team or the pharmacy, the second most common issue was within the control of hospitals, whereby patients had missed their appointment in secondary care and had to come back to their GP for re-referral or the hospital had informed the patient to go back to their GP for a prescription.</p> <p>The 10 point plan will be announced in the next couple of weeks, which is dedicated financial support available to practices, to assist them with recruitment, occupational health for the workforce within General Practice including mental and physical health.</p> <p>KM noted that there is no mention of the practice patient groups – all GPs have to have a PPG but there is nothing in there about how the PPG's can support practices..</p> <p>AA confirmed that a lot of the work that is currently undertaken with supporting GPs does have PPG involvement.</p> <p>AA also noted that practices in Slough are seeing an increasing number of appointments from schools informing parents that they need an appointment card if their child is off sick from school. This is a fundamental waste of a GP's time and some practices have already spent a lot of time writing to schools. JMcG also confirmed that this is becoming a recurrent problem in Bracknell and Ascot.</p> <p>KM also questioned the terminology within the presentation – noting that 'GP' is either used to describe a GP as an individual or a practice as a whole.</p> <p>DE thanked KM for her comments and confirmed she would feed this back, in terms of language it was agreed that this could be confusing and therefore DE noted she would like to work with KM to further develop this.</p> <p>JMcG asked why this didn't also look at the nursing workforce and why it was centralised around GPs, noting that it would be interesting to look at this? DE confirmed that some information is available around nursing workforce, however once the GP information is</p>	

		Action
	<p>underpinned then further work would take place around this.</p> <p>Action:</p> <p>a) DE to work with KM to ensure consistency over terminology</p> <p>The Chair thanked DE for the update and looked forward to hearing the announcement on the 18th April</p>	DM/KM
9.	<p>Primary Care Update</p> <p>Bracknell & Ascot CCG</p>	
	<p>JMcG provided a brief update on key areas for the Better Futures for All programme highlighting that the Extended Hours Primary Care which includes some innovative services, including Healthchecks, incorporating near patient testing and INR self-monitoring. These appointments are available to those patients who would usually struggle to get to an appointment during working hours, the utilisation rate is currently 90% for GP appointments and 60% for appointments with a Nurse. There is however concern around the utilisation rate of appointments with a Healthcare Assistant (HCA). The patient feedback around this service is extremely positive at 94% in February</p> <p>Five Ascot practices are looking to develop joint premises in two locations and looking at community models of care, JMcG confirmed that this is an exciting opportunity to do something different within the community.</p> <p>The planned housing developments, will see the largest population growths in the Ascot, Skimped Hill and Binfield area, therefore work has commenced in order to provide plans for the increased growth.</p> <p>Following the pilot and the recruitment and training of Healthmakers, the CCG went out to procurement to obtain a provider for this service. The procurement exercise has concluded and the formal announcement is awaited.</p> <p>The Chair thanked JMcG for her update and confirmed that really good work is taking place.</p>	
10.	<p>Primary Care Update</p> <p>Slough CCG</p>	
	<p>On behalf of JO'D, SS provided an update to the Committee around the work undertaken and underway in Slough.</p> <p>Slough have been working with the PMCF for a couple of years now and following a review, the CCG concentrated on the list of those patients identified as requiring 'Complex Case Management' – this subsequently revealed a noticeable reduction in unplanned admissions, A&E attendances and even a small reduction in admissions.</p> <p>Cohorts of patients are identified using the ACG risk profiling and predictive modelling tool. This evidence based information was then used to determine what this means in terms of the primary care transformation programme. This new model of learning was built into the vision for replacing the Slough Walk In Centre when its contract ends in June 2017 in order to use this to transform primary care services for Slough.</p>	

		Action
	The Chair thanked SS for her update.	
11.	Primary Care Update WAM CCG	
	<p>AH provided an update, confirming that there had been a large stakeholder event in February, which was supported by a range of stakeholders, including practices, RBWM, NHS England. The focus of the event was to look at the outputs that the PMCF is delivering, it was an extremely useful exercise in order to think about different cohorts of patients i.e. elderly, working and mum with children – the outputs of this event will be collated and presented back to member practices in the next few weeks. A model of care will be agreed with health and social care including prevention through self-care with technology and will seven day working.</p> <p>In terms of PMCF, AH confirmed that the CCG learnt a lot and WAM were the first of the second wave localities to implement the projects. Concentration is now focussed on the evaluation of those models including mental health and hub working and the effectiveness of the specific hubs. The St Marks Hub had a recent televised visit from the Rt Hon Theresa May MP, which included really positive patient feedback. The next exciting projects for PMCF are for further work on the cohort of nurses who are trained as health coaches with the focus on diabetic patients who are able to be supported through health coaching.</p> <p>Workforce development- the CCG is working with RBWM looking at baselines as to what we can improve and new roles.</p> <p>Estates opportunities- active discussions are taking place between Bracknell & Ascot and WAM looking at a collaboration on the Heatherwood site to determine how this may develop into a third hub, which will be really important as part of 7 day working. Conversations are also underway with Frimley Park Hospitals and therefore exciting news is expected to be released in the next few weeks.</p> <p>DE noted the NHS England South (South Central) are really impressed with the way in which the 3 CCG's in East Berkshire have managed the PMCF, the speed and effective mobilisation of these programmes is to be commended, and the 6-9 month evaluations that are taking place and associated learning across the 3 CCG's is phenomenal across the whole of South region.</p> <p>AH noted in terms of mobilisation, the CCG's learnt a lot from each other 'thinking locally and working together' is evidenced in this and embedding the patient involvement / feedback in the early days was critical.</p> <p><i>Question from the floor:</i></p> <p><i>Dr William Tong – Regarding workforce, if a GP is retiring there is time to recruit, what we are seeing in General Practice is the 'younger' GPs leaving. – Like the pharmacy pilot is there an opportunity to access those funds? Practices did this before with the physios and it was used very effectively.</i></p> <p><i>DE responded that there are some sources of funding available i.e. vulnerable practices, section 96 where practices are in trouble in terms of workforce. It's about being really clear at practice level about what the issue is. NHS England is happy to work with individual practices. The criteria is layed out already for the funding.</i></p> <p>The Chair thanked AH for the update and noted the sharing of best practice, sharing of</p>	

		Action
	<p>ideas and it's great to hear NHS England say such nice things about the three CCG's.</p> <p><i>DE noted that on behalf of NHS England South (South Central) she would like to thank PS for coming in, and providing steady, inclusive and conclusive leadership. The whole team would like to take this opportunity to wish PS well in his ventures and noted he will be missed when his interim contract ends shortly.</i></p>	
12.	Finance Report	
	<p>CH presented the budget allocation for the current year 2016/17 for services commissioned by NHS England. Following a wider conversation it was noted that if the CCG took the delegated option this is the budget they would inherit, however as the 3 CCG's have yet to decide to go delegated NHS England will manage the budgets for 2016/17.</p> <p>The Chair thanked CH for the update and report.</p>	
13.	Quality Report	
	<p>SB presented the report to the Committee, noting the following highlights:</p> <p>Bracknell & Ascot</p> <p>CQC: 11 practices in Bracknell and Ascot have had inspection reports published, one practice who was previously rated as inadequate has been re-inspected and the feedback was really positive.</p> <p>Complaints: Two complaints received by NHS England South (South Central) relate to GP practices in Bracknell & Ascot</p> <p>Slough</p> <p>CQC: Six practices in Slough have had inspection reports published, two practices were rated overall as inadequate, however following really positive work across NHS England, CCG and the practice, one practice has improved dramatically.</p> <p>Complaints: Two complaints received by NHS England South (South Central) relate to GP practices in Slough.</p> <p>Windsor, Ascot & Maidenhead</p> <p>CQC: Eight practices in Windsor, Ascot and Maidenhead have had inspection reports published, no practices were rated overall as inadequate.</p> <p>Complaints: One complaint received by NHS England South (South Central) relate to GP practices in Windsor, Ascot and Maidenhead.</p> <p>SB noted that if anyone requires any additional information regarding any of the above, it can be picked up outside of this meeting.</p> <p>The Chair thanked SB for the update.</p>	
14.	Risk Register	
	<p>JW presented the risk register noting that the register contains the higher strategic risks for co-commissioning. It is expected as the JCC CIC progresses, these risks will be effectively removed from the register. The risk register will be updated on quarterly meeting and presented to this Committee in Common.</p> <p>As NC is Interim Director of Strategy and Commissioning the overall responsibility of the risk register will sit with her. Any amendments to the risk register will be highlighted in red</p>	

		Action
	font for ease of reference at each meeting. In terms of the Assurance Framework, any risks that are serious / critical will get escalated to the Governing Body risk register.	
15.	Any Other Business	
	No other business was recorded. The Chair thanked everyone for attending, noting that everyone has done what was asked of them and therefore they are thanked very much.	
	Date of next meeting Tuesday 12 th July 2016 13:15 – 16:30 Bracknell Open Learning Centre, Rectory Lane, Bracknell	

These minutes were formally approved on the 12th July 2016.