

	<p style="text-align: center;"><b>PRIMARY CARE JOINT COMMISSIONING COMMITTEE</b>  <b>28 June, 14.15 – 16.00</b>  <b>Southgate House, Devizes, SN10 5EQ</b>  <b>(HELD IN PUBLIC)</b></p>	
<b>PRESENT:</b>	<p><b>WCCG:</b>  Christine Reid, Lay Member, Governing Body (Chair ) (CR)  Deborah Fielding, Chief Officer (DF)  Dr Peter Jenkins, Chair (PJ)  Dr Anna Collings, GP Vice-chair NEW (AC)  Dr Richard Sandford-Hill GP, GP Chair WWYKD (RSH)  Dr Andrew Girdher, co GP Vice-chair NEW (AG)  Dr Helen Osborn, Medical Advisor  Dr Mark Smithies, Secondary Care Doctor  Jo Cullen, Director of Primary &amp; Urgent Care/WWYKD (JC)  Dina McAlpine, Director of Quality &amp; Patient Safety (DMcA)  Sarah MacLennan, Associate Director of Communications &amp; Engagement (SM)  Tracey Strachan, Associate Director, Out of Hospital Care  Victoria Stanley, Locality Lead/Commissioning Manager (VS)  Sue Rest, Commissioning Manager/Locality Lead  Steve Perkins, Deputy Chief Financial Officer</p> <p><b>NHS England:</b>  Debra Elliott, Director of Commissioning (DE)  Nikki Holmes, Head of Primary Care (NH)  Alison West – Quality and Safety Manager, Nursing Quality Directorate  Mike Greaney, Assistant Head of Finance</p> <p><b>Wiltshire Council:</b>  Amy Norton, Public Health</p> <p><b>Healthwatch Wiltshire:</b>  Christine Graves, Chair (CG)</p> <p><b>Wessex Local Medical Committee (LMC)</b>  Apologies</p>	
<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1</b>	<p><b>Welcome, Introductions &amp; Apologies</b>  CR welcomed everyone to the meeting and added that it would be the last meeting for DF as she was leaving the CCG. AC would also be standing down as AG is now taking the lead GP role for Primary Care.  CR thanked them both for their hard work and wished them well for the future.</p>	
<b>2</b>	<p><b>Declarations of Interest</b>  None</p>	
<b>3</b>	<p><b>Notes from last Meeting and Matters Arising:</b>  The following changes were requested:</p> <ul style="list-style-type: none"> <li>• Patient and Public Engagement proposal, third bullet point, insert ‘using Patient Participation Groups (PPG)’.</li> <li>• Last line – Healthwatch to produce NHS guidelines using a reading panel and avoiding jargon</li> </ul>	

	<p>Matters arising: None</p>	
<p>4</p>	<p><b>NHS England Update:</b></p>  <p>General Practice Forward View v2.ppt:</p> <p>DE gave high level update.</p> <ul style="list-style-type: none"> <li>• Re-entry regulations for GPs onto the Performers List have now been simplified and there are a number of GPs coming into or returning to the UK.</li> <li>• Funding is coming on line for the community pharmacists.</li> <li>• RSH mentioned the Physician’s Assistants and requested feedback. DE is to find out who is working with them.</li> <li>• AG asked about indemnity for Pharmacists, whether it is the responsibility of the practitioner or GPs. DE to establish and feedback.             <ul style="list-style-type: none"> <li>○ Post meeting update: <i>The following is the section on indemnity from the MOU that practices in the pilot have been asked to sign. The funding for indemnity was included in the overall funding awarded to each pilot.</i></li> <li>○ <i>ensure adequate and appropriate levels of insurance and indemnity are in place for each of the clinical pharmacist roles over and above any such indemnity or insurance held by the individual clinical pharmacist this is in addition to the indemnification of NHS England as detailed in section 17 of this agreement;</i></li> </ul> </li> <li>• CG said that she had heard Steve Jones speak at a recent conference. He was talking about improvement and the performance plan and CG asked whether there is evidence of the extra money.</li> </ul>	<p>DE</p>
<p>5</p>	<p><b>Wiltshire CCG Update:</b> <b>Update on Primary Care Offer 2016/19</b></p>  <p>WCCG PCJCC 280616 v3 JC.pptx</p> <p><b>Primary Care Offer</b></p> <ul style="list-style-type: none"> <li>• All 55 GP practices signed up by the end of May.</li> <li>• One practice has not signed up to one service – an alternative primary care provider will provide that service for the population affected.</li> </ul> <p><b>Transforming Care of Older People (TCOP)</b></p> <ul style="list-style-type: none"> <li>• Plans and evaluations have been signed off and we are just about to sign off for 2016/17 through a virtual TCOP Evaluation Panel.</li> <li>• Working groups have been set up as short task and finish projects reviewing individual services. There will be an update at the next meeting.</li> </ul>	

- The former Group SLA element is in the process of working through for plans for locality services to be signed off on 12<sup>th</sup> July.
- The TCOP Programme project has been nominated for a national award by NHS Clinical Commissioners for transforming the commissioning of primary care and has reached the finals. *Post meeting update – the project came 3<sup>rd</sup> nationally.*

**Report from Patient and Public Engagement Group**

- Reached end of 6 month fixed period and results will be fed back at a Wiltshire-wide Patient Forum in September.
- Outcomes include: Updated, accurate list of contacts; increased knowledge of how PPGs want to work with practices and the CCG; the need to create virtual PPGs as a way of involving hard to reach patients.
- SR requested a 6 month extension to the project and stressed that it has been a very positive experience that needs to be taken forward. CR asked the meeting if all were happy to follow through with the proposal for a further 6 months.
- CG added that the Group is in contact with educational establishments to research best practice.
- CR thanked everybody involved and JC emphasised the need to feedback to practices. CG agreed that most practices view it as a partnership.
- The meeting agreed they were happy for the project to continue.

**Sustainability and Transformation Plans (STP)**

- There are 110 GP practices across the STP footprint, supported by three CCGs, three community providers, three acute Trusts, one mental health provider and one ambulance trust.
- DF updated that the submission was signed off and sent in for 30<sup>th</sup> June. There are 5 key priorities for change:
  - The development of locality based integrated teams supporting primary care
  - Shifting the focus of care from treatment to prevention and proactive care
  - Redefine the ways we work together to deliver better patient care
  - Establish a flexible and collaborative approach to workforce
  - Further enable acute collaboration & sustainability
- RSH is the Wiltshire GP lead for the STP and added that it is about building relationships.

**Delegated Commissioning of Primary Care**

- The Premises sub group meets monthly and currently awaiting the outcome of ETTF bids.
- The Workforce sub group is in place and has established that there is a huge amount of projects going on in isolation. The group is looking at how these projects can become more joined up.
- PMS Reviews have been completed and the PMS Premium reinvested in the Primary Care Offer (PCO).
- The Quality sub group is in place and the dashboard is being developed.
- Delegated commissioning is an option for April 2017. NHSE will not

	<p>impose delegated commissioning on CCGs, but they would like to see it taken up. 50% have already moved over with no additional resource.</p> <p><b>Vulnerable Practices</b></p> <ul style="list-style-type: none"> <li>• WCCG is currently working with NHSE on a proposal to support vulnerable practices.</li> <li>• NHSE are developing a framework agreement, working closely with the Primary Care team.</li> <li>• Work has been done to identify current vulnerable practices and funding is to be devolved to CCGs as soon as possible.</li> <li>• Plans are built around creating sustainability and creating solutions.</li> <li>• Due to start in September.</li> </ul>	
6	<p><b>Quality Update</b></p> <p> 220616 NHS Wiltshire CCG Primary</p> <p>This is the first quality report that WCCG has produced - formerly produced by NHSE. The Quality sub groups have been set up and the report is divided into Safety, Experience and Effectiveness.</p> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• The CCG cannot currently see incidents but are hoping that practices will start to share them. From January to May 2016 there were 9 incidents, none serious.</li> <li>• Only 1 practice has committed to the South West Academic Health Science Network 'Innovator Practice Scheme' due to lack of backfilling resource.</li> <li>• CQC inspections to date have identified a number of areas of required or recommended improvements to safeguarding. Issues were largely around a lack of staff safeguarding training compliance or staff competence and absent or inadequate or out of date safeguarding.</li> <li>• There have been 9 CDifficile infections attributable to primary care since April 2016. Each infection has occurred in a different practice area, therefore there are no evidenced links or identified concerns regarding a particular practice. The CCG's Quality Team is working with Medicines Management to support the review of prescribing patterns within practices, as this is also potentially linked to the rise in CDifficile cases. The NHSE will share learnings from CDifficile comments across practices.</li> </ul> <p><b>Experience</b></p> <ul style="list-style-type: none"> <li>• NHS England remains the responsible body for receiving and managing primary care contractor complaints.</li> <li>• The CCG has been given information on complaints up to the end of April 2016. It is anticipated that the next set of data will be available in September 2016.</li> <li>• There were 91 active open complaint cases at tier 3 level (93 were received from January to April 2016). The National Customer Contact</li> </ul>	

	<p>Centre manages Tier 1 and 2 complaints (or ‘concerns’); this data is not available for reporting at the current time. Of these complaints, 11 related to Wiltshire primary care services, 10 of which were GP practice complaints.</p> <ul style="list-style-type: none"> <li>• It is felt that the complaints process is currently clunky and unlikely to change in the near future. There is concern that the CCG is missing out on the rich learning that can be gained from complaints, so there is a need to find out how we work together to extract learning.</li> <li>• How can we link in BME patients as their participation has dropped?</li> <li>• There have been 13 inspections carried out so far under the new inspection regime and practices who are struggling with the inspections are being supported by DM’s team.</li> </ul>	
7	<p><b>Wessex Local Medical Committee</b> Deferred to next meeting.</p>	
8	<p><b>Primary Care Estates</b></p> <ul style="list-style-type: none"> <li>• Estates and Technology Transformation Fund update - submissions to be uploaded by June 30<sup>th</sup>. JC to ensure we are on track.</li> <li>• TS offered to send through the pathways and processes we have been through as background information.</li> </ul>	<p>JC TS</p>
9	<p><b>Finance Update</b></p> <p><b>Allocation</b> The Wiltshire CCG GP Services allocation is £59.7m which includes 3.57% growth and £810k additional allocation for Dispensing Doctors Adjustment.</p> <p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• GP contract changes are to be implemented through a 6.09% change in the Global Sum rate per weighted patient.</li> <li>• Part of the 6.09% increase will be offset by reinvestment of MPIG, Seniority and Dementia DES funding no longer required.</li> <li>• Demographic growth included at 0.72% overall.</li> <li>• Medical revalidation sits with NHS England outside of Co-commissioning</li> <li>• NHSP/CHP premises impact of the change to market rate charging not factored into position.</li> <li>• Benefit from reduction in rateable values not factored into position.</li> <li>• Benefit from reduction in rateable values not factored into position.</li> <li>• Detailed practice level budgets with updated FOTs based upon M11 YTD.</li> <li>• CQC fees included within overall GP contract changes above.</li> </ul> <p><b>Surplus Position</b></p> <ul style="list-style-type: none"> <li>• Delivery of 1% surplus is assumed to be funded from return of prior year surplus which sits with NHS England South Central.</li> <li>• The Primary Care Co-Commissioning Plan presents a breakeven position against the baseline allocation.</li> <li>• SP clarified that for this year; £109k has come back and has been included in the primary care offer. It is the first of 5 years of transfer.</li> <li>• JC asked for clarification of the table on page 4 - Calculation of increase to</li> </ul>	

	<p>Global Sum from 01/04/2016. She asked MG where the money sits and whether it is part of the CCG allocation. MG to check and report back.</p> <ul style="list-style-type: none"> <li>• Out of Hours – JC asked whether practices provide their own service individually through GMS the contract and whether the £6k funding would flow back to the GP. MG to confirm.</li> <li>• MG confirmed there are currently no QIPP schemes embedded.</li> </ul>	<p>MG</p> <p>MG</p>
10	<p><b>Any Other Business &amp; Closing Remarks</b></p> <p>None</p> <p>CR thanked everybody and closed the meeting.</p>	

**Date and Time of Next Meeting: Tuesday 27 September 2016, 15.30**

DRAFT