

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

Tuesday 28 March 2017, 15:30-17:00hrs
Southgate House, Devizes, SN10 5EQ
(HELD IN PUBLIC)

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| PRESENT: | <p>WCCG: Christine Reid, Lay Member, Public and Patient Involvement (Chair) (CR) Dr Peter Jenkins, WCCG Chair (PJ) Dr Richard Sandford-Hill, GP Chair of West (RSH) Dr Toby Davies, GP Chair of Sarum (TD) Dr Helen Osborn, Medical Advisor (HO) Dr Mark Smithies, Secondary Care Doctor (MS) Jo Cullen, Director of Primary & Urgent Care (JCu) Steve Perkins, Chief Financial Officer (SP) Dina McAlpine, Director of Quality (DMcA) Tracey Strachan, Associate Director, Out of Hospital Care (TS)</p> <p>NHS England: Debra Elliott, Director of Commissioning (DE) Nikki Holmes, Head of Primary Care (NH) Mike Greaney, Assistant Head of Finance (MG)</p> <p>HealthWatch Wiltshire: Christine Graves, Chair of HealthWatch Wiltshire (CG)</p> <p>Local Medical Council (LMC): Carol Cusack, Director of Primary Care (CC)</p> <p>Apologies: Victoria Stanley, Commissioning Manager/ Locality Lead (VS) Dr Andrew Girdher, GP Co-Chair of NEW (AG)</p> | |
| Item | Subject | Action |
| 1 | <p>Welcome, Introductions & Apologies CR welcomed everyone to the meeting. The above apologies were noted.</p> | |
| 2 | <p>Declarations of Interest Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG). (This includes any relevant interests previously declared on the Register of Interests)</p> <p>The following declaration was noted:</p> <ul style="list-style-type: none"> • TD, RSH and HO declared an interest in item 5 – General Practice Forward View Stage 2 – as practicing GPs in Wiltshire. The Chair acknowledged this declaration, but agreed that they could participate in the item discussion. | |
| 3 | <p>Notes from the meeting held on 24 January 2017 and Matters Arising: The minutes of the meeting held on 24 January 2017 were approved and signed as an accurate record.</p> <p>Matters Arising: a) Merger Applications NH reported that the applications had been reviewed by the Primary Care</p> | |

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| | <p>Operational Group (PCOG) and feedback received. Engagement work for all three mergers had been carried out by Sarah MacLennan and no issues had been raised. NH confirmed that the Widbrook and Bradford Road application had been signed as required. All three mergers were progressing well.</p> | |
| <p>4</p> | <p>NHS England Update: a) Sixpenny Handley NH informed Members that the transfer of the contract for Sixpenny Handley from Wessex to South Central was underway and being overseen by Wessex NHS England colleagues. The budget transferred had been reviewed to ensure there were sufficient monies. The Practice had been written to advising of this administrative change. The appropriate files would be transferred.</p> | |
| <p>5</p> | <p>Wiltshire CCG Update: a) General Practice Forward View (GPFV) Stage 2 Plans JCu reported that the GPFV stage 2 plans had been submitted at the beginning of March to NHS England. The paper included a copy of the plan and was a summary of the detailed document submitted.</p> <p>TS went through the presentation, explaining that the delivery of the GPFV was to improve efficiency and effectiveness of primary care services. Following the initial submission in December 2016, amendments had been made, incorporating the feedback received from NHS England. Feedback was now awaited following the March submission.</p> <p>TS alluded to the content of the plan shown on slides 4 and 5 of the presentation. The Resilience Group and Clinical Leadership were to have oversight of all projects. The design and development of an Accountable Care Organisation had also been built into the plan. The principles as agreed by the Governing Body had been followed through the plan.</p> <p>Projects were underway through the Community Education Providers Network (CEPN) Workforce Group against the identified workforce issues. A Project Manager had been recruited to assist with this area and would be in post from May. Training initiatives were being piloted. The IT infrastructure work would be overseen by the IT Steering Group, tying in with the GPFV Group.</p> <p>CG questioned how the primary care work was linked to the Sustainability and Transformation Plan (STP), and the shared learning across the footprint. TS confirmed that the rural challenges and solutions were being shared. There were some common elements across the footprint, for example recruitment, but some were bespoke which required different solutions. CC mentioned that the LMC was working with 13 CCG's and was actively encouraging the sharing of information.</p> <p>b) Boundary Changes JCu explained that this item had been withdrawn. The paper concerning the possible boundary changes for Westbury and Warminster would not be considered at present. An update would be brought to a future meeting when appropriate.</p> | |

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| <p>6</p> | <p>Delegated Commissioning of Primary Care from April 2017</p> <ul style="list-style-type: none"> <p>Primary Care Commissioning Committee Terms of Reference The draft terms of reference for the new PCC Committee had been circulated. These would come into effect from 1 April 2017.</p> <p>DE requested that the Head of Primary Care at NHS England be added to the non-voters list, and for a sentence concerning 'invoking the decision making framework' to be added under item 21. DE also stated that the Executive Summary Report mentioned under item 35 was not required that regularly. A record of the minutes (and any other appropriate items) going to the Governing Body for noting would be sufficient.</p> <p>These amendments would be made to the terms of reference, which would then be brought back for Committee approval before being ratified by the Governing Body.</p> <p>It was agreed that the Lay Member for Public and Patient Involvement would continue to Chair the Committee, and the Secondary Care Doctor would be the Vice Chair.</p> <p>It was agreed that meetings of the PCCC would be held quarterly, with the first to be held in June 2017. Meeting dates would be circulated. Checkpoints would be used to report against the transfer to full delegation.</p> | <p>TS/VS</p> <p>SW</p> |
| <p>7</p> | <p>Patient and Public Involvement</p> <p>CR reported that there had been little work on the patient and public involvement agenda since the last meeting due to limited funding; the work plan would be invigorated in the new financial year.</p> <p>CG confirmed that work was ongoing to ensure all practices had fully functional Patient Participation Groups (PPG) in place to support the practice. The groups would include local champions, GPs, Practice Managers and other members of the local community, giving them an opportunity to have a an informed say. The Groups provided the CCG with a countywide network to engage with. JCu added that the engagement work surrounding recent practice mergers had been helped by the involvement of the PPGs. It had been a useful environment to inform patients of the reality concerning primary care, which then had brought enhanced engagement.</p> <p>It was hoped their involvement would encourage support for the move to the New Models of Care. Communication about the proposed changes would be straight forward and transparent, and sent out via the wider networks.</p> | |
| <p>8</p> | <p>Quality Update</p> <p>DMcA reported that good progress was being made against the Quality Premium for 2016/17, and it was anticipated that further funds may be awarded. It was unlikely e-referral targets would be achieved this year, but other areas of the CCG were working to support it.</p> <p>CC congratulated the CCG on the number of 'outstanding' results amongst Wiltshire practices. The Quality team had provided support to those struggling practices, ensuring that good processes were embedded. The safety domain had been persistently low; DMcA assured the Committee that this would be reviewed</p> | |

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| | <p>through a dedicated piece of work.</p> <p>The Practice Nurse Forum would be re-launched by Alison West in due course, and GP Forums would be re-energised for next year.</p> <p>Serious incident reporting was a concern; this would be reviewed to ensure improved results and reporting. Examples and case studies would be shared with practices to show what was working well. TD advised that practices were reporting against serious incidents in-house, but perhaps were not escalating it to CCG level and were not confident in using the reporting process.</p> <p>GP Learning Events would be used to enable that shared learning and look at best practice. Nurses would also be kept informed of the revised General Practice Forward View.</p> | |
| 9 | <p>Finance Update</p> <p>MG went through the month 10 finance report, highlighting that overall, the year to date position showed a favourable variance of £134k against the year to date budget.</p> <p>The budget allocation had increased by £822k following the transfer of the Sixpenny Handley GP contract. The un-committed contingency and headroom elements were to be released in month 12 across all CCGs.</p> <p>SP questioned the overspend in the prescribing fees element, and whether this would be a re-occurring cost. MG explained that this was a national movement and trend and was linked to the number of items. This would be raised via the Primary Care Operational Group and details shared with the Committee.</p> <p>The phasing out of the Seniority payment was raised by MS, and whether this linked with the current workforce issues. There had been a pension cap on the funds. An incentive for GP's to stay working longer was needed. DE explained that NHS England had information packs for GPs concerning this. This would be shared with the Committee for information. PJ added that insurance fees were an issue for retired GPs. It was noted that the indemnity payment support package provided additional funds to offset the inflationary increase.</p> | <p>MG</p> <p>DE</p> |
| 10 | <p>Any Other Business & Closing Remarks</p> <p>CR wished to record the CCG's thanks to NHS England for the work undertaken in support of the PCJCC.</p> <p>The meeting concluded at 16.40hrs</p> | |