







Item	Subject	Action
<p>PRIMARY CARE JOINT COMMISSIONING COMMITTEE 27th September, 14.30– 16.30 Southgate House, Devizes, SN10 5EQ (HELD IN PUBLIC)</p> <p>Meeting Notes</p>		
<p>Present:</p> <p>WCCG: Christine Reid, Lay Member, Governing Body (Chair) (CR) Dr Richard Sandford-Hill GP, GP Chair WWYKD (RSH) Jo Cullen, Director of Primary & Urgent Care/WWYKD (JC) Dina McAlpine, Director of Quality & Patient Safety (DMcA) Tracey Strachan, Associate Director, Out of Hospital Care (TS) Dr Andrew Girdher, Exec GP, PC Lead, STP (AG) Steve Perkins, Acting Chief Financial Officer (SP) Dr Mark Smithies, Secondary Care Doctor (MS) Dr Lindsay Kinlin, Vice-Chair, WWYKD (LK)</p> <p>NHS England: John Tremain Assistant Director of Nursing (JT) Nikki Holmes, Head of Primary Care (NH) Rachel Pearce, Director of Commissioning, South Central (RP) Dean Walton</p> <p>Wiltshire Council: Tracy Daszkiewicz - Consultant in Public Health (TD)</p> <p>Healthwatch Wiltshire: None</p> <p>Public: None</p> <p>Wessex Local Medical Committee (LMC): None</p> <p>Apologies Dr Peter Jenkins, Chair, WCCG (PJ) Christine Graves, Chair, Healthwatch Wiltshire (CG) Dr Helen Osborn, Medical Advisor, WCCG</p>		
1	<p>Welcome, Introductions & Apologies</p> <p>CR welcomed everyone to the meeting and introductions were performed.</p>	

2	<p>Declarations of Interest</p> <p>None</p>	
3	<p>Notes from last Meeting and Matters Arising:</p> <p>The minutes were agreed as a true record.</p> <p>Matters arising: AG asked for clarification of how the PCJCC fits in with both the WCCG and NHSE meeting structures and requested a copy of the TOR. DN to send.</p>	DN
4	<p>NHS England Update:</p> <p> NHSE Update Sept 2016 Wilt CCG.pptx</p> <p>NH presented the attached. Highlights included:</p> <ul style="list-style-type: none"> • A further £2.4b a year by 2020/21 into general practice services, which is an increase of 14%. • A 5 year £500m national STP package to support GP practices and includes additional funds from local CCGs. <p>JC asked when the winter indemnity details will be finalised as it will assist with winter planning. NH to chase up, it is still being negotiated however.</p>	
5	<p>Wiltshire CCG Update:</p> <p> Primary Care Update - briefing for PCJCC 2'</p> <p>JC presented the Primary Care update. Highlights included:</p> <p>Update on Primary Care Offer 2016/19</p> <ul style="list-style-type: none"> • All GP practices in Wiltshire have signed and are delivering the PCO • Wiltshire CCG National finalist (3rd place) – NHS Clinical Commissioners for Transforming Commissioning of Primary Care June 2016 – PCO and TCOP <p>Delegated Commissioning of Primary Care</p> <ul style="list-style-type: none"> • WCCG has to consider the option to apply by December 2016 for the delegated commissioning responsibility for primary medical services currently commissioned by NHS England with effect from 1 April 2017 <p>Community Education Provider Network and Workforce Sub-Group</p> <p> Workforce Slides SR.pptx</p> <ul style="list-style-type: none"> • Wiltshire has been allocated £84,000 in 2016/17 to set up the CEPN and to deliver a series of workforce projects. 	

	<ul style="list-style-type: none"> Update at next PCJCC meeting <p>Locality Dashboard</p> <ul style="list-style-type: none"> TS presented the locality dashboard, which gives a snapshot view of locality performance. Indicators and relative weighting are currently being developed. The dashboard gives an overall RAG status. It is built up from information at practice level so drill down and practice level performance is available. Ultimately the aim is to include some forward view analysis to enable users to identify pressure areas, share good practice etc. <p>Support for Vulnerable Practices proposal</p> <ul style="list-style-type: none"> RSH raised the issue that practices are advertising for GPs but getting no applicants. AG raised the issue that many schemes are there to encourage GPs for the future, but they won't ease the current situation. NM said the vulnerable practice scheme was very specific to individual practices and that group and locality solutions are now featuring in resilience schemes. <p><i>RP left the meeting</i></p>	
6	<p>Application for Practice List Closure</p> <p>Marlborough Medical Practice</p> <p>NH updated the meeting and confirmed that the list closure request had been refused. JC said we have had list closures before, but not for some time. Now we have received 2 requests in quick succession. CR commented that the Marlborough request was a direct knock on effect from the Pewsey request.</p> <p>AG commented that any developer building a care home should first find a GP practice willing to add the care home to their list and he asked how we can discuss it with the council.</p> <p>All agreed that permission is refused but appreciated the situation the practice finds itself in.</p>	
7	<p>Quality Update</p> <p> Wiltshire JPCCC Safeguarding Themec</p> <p>DM introduced the quality report, produced by Emma Higgins. Highlights include:</p> <ul style="list-style-type: none"> All key Wiltshire health safeguarding posts are in place and well established. There is a need to engage with Primary Care to ensure practices allow the CCG to view SIRIs. The Ofsted Inspection 2015 judged Wiltshire's children's services as Requiring Improvement. There are a range of health focused safeguarding developments/training events being delivered in 2016/17. An infection control nurse for Primary Care will be starting in January – there have been 27 C-Diff cases and the nurse will be working with practices to look at post-infection reviews. There has been one case of MRSA and the Quality team have worked with the practice concerned 	

	<ul style="list-style-type: none"> • Patient Engagement – 83% of respondents would recommend their practice and we should do more to publicise this. However, there are issues with BME patients and those who are registered sick or disabled. Improvement is also needed in respect of appointment systems. • Antibiotic prescribing – there are currently 5 outliers with whom we are working. • CQC inspections – struggling practices are due to be re-inspected shortly after working closely with the Quality team. There are 5 outstanding practices in Wiltshire.  <p>Annex 1 FDA 42 factsheet safeguarding</p> <p>JT presented the Safeguarding in GP Practices paper. The next Ofstead inspection will focus on domestic abuse.</p>	
8	<p>Primary Care Estates</p> <p>JC updated the meeting on the Governing Body agenda item which was approved and the application is due to be submitted.</p>	
9	<p>Finance Update</p>  <p>Wilts CCG Finance report M5.docx</p> <p>DW updated on the Joint Commissioning Primary Medical Services Committee Finance Report for Wiltshire.</p> <p>SP asked for clarification on the Wiltshire-specific reserve for £71k pump priming. DW confirmed it is specific for WCCG and proposals will be approved via the PCJCC and PCOG.</p>	
10	<p>Any Other Business & Closing Remarks</p> <p>None</p> <p>CR thanked everybody for attending and the meeting closed at 16.30.</p>	