

**PRIMARY CARE JOINT COMMISSIONING COMMITTEE**

**Tuesday 24 January 2017, 14:30-16:00hrs**

**Southgate House, Devizes, SN10 5EQ**

**(HELD IN PUBLIC)**

<b>PRESENT:</b>	<p><b>WCCG:</b>  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 Andrew Girdher, GP Co-Chair of NEW (AG)  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 &amp; Urgent Care (JCu)  Dina McAlpine, Director of Quality (DMcA) <i>(from 14.55hrs)</i>  Sarah MacLennan, Associate Director of Communications &amp; Engagement (SMac)  Victoria Stanley, Commissioning Manager/ Locality Lead (VS)  Sue Rest, Commissioning Manager/Locality Lead (SR)  Simon Yeo, Estates Advisor (SY)  Steve Collins, Chief Accountant (SC)</p> <p><b>NHS England:</b>  Debra Elliott, Director of Commissioning (DE)  Nikki Holmes, Head of Primary Care (NH)</p> <p><b>HealthWatch Wiltshire:</b>  Christine Graves, Chair of HealthWatch Wiltshire (CG)</p> <p><b>Apologies:</b>  Mike Greaney, Assistant Head of Finance (MG)  Tracey Strachan, Associate Director, Out of Hospital Care (TS)  Sujata McNab, Deputy Chief Financial Officer (SMcN)  Rosi Shepherd, Assistant Director of Nursing, Quality and Safety NHS England South (Central) (RS)</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. The above apologies were noted.</p>	
<b>2</b>	<p><b>Declarations of Interest</b>  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 Risk Register)</p> <p>There were none declared.</p>	
<b>3</b>	<p><b>Notes from the meeting held on 27 September 2016 and Matters Arising:</b>  The minutes of the meeting held on 27 September 2016 were approved and signed as an accurate record.</p> <p><b>Matters Arising:</b>  There were none.</p>	

<p>4</p>	<p><b>NHS England Update:</b> NH reported that NHS England continued to work with the CCGs through the Delegated Commissioning process. There had been 100% sign up across the South. The announcement would be made on 9 February 2017 of those who had been successful.</p> <p>NH was working through the transition plan with BaNES, Swindon and Wiltshire. The functions would move across during the year, not all at once. The transition pace would depend upon the CCG. DE assured Members that cash flow for Practices would not be affected. The NHS England team have been aligned to the geography to help the process. There would be no financial resources allocated by NHS England to the transition. The CCG clarified its own resources and capacity during the application stage.</p> <p>JCu advised that the structure of the team would be reviewed once the outcome of the application was known and the transition period commenced. It was working with economy of scales; there were no further resources and it would be a challenging agenda. A due diligence would be completed before the CCG fully took on delegated commissioning. DE reported that the Memorandum of Understanding was drafted, Wiltshire was the lead.</p> <p>The role of NHS England was changing, supporting general medical services. A movement in services within the next year was expected. There were not currently any plans to delegate other services. Accountable Care Organisations were in active development and some models would be devolved. The conflict of interests of Primary Care would cease if the new organisation moved to the devolution model.</p>	
<p>5</p>	<p><b>Wiltshire CCG Update:</b> JCu gave a comprehensive presentation, providing an update against the following:</p> <ul style="list-style-type: none"> <li>• <b>Primary Care Offer 2016/19</b> A review of the key areas had been undertaken to prioritise the focus. The Reconciliation Process continued to work well each quarter, the quarter three process had recently been completed.</li> </ul> <p>Clinically-led working groups had reported back to the CCG with suggested changes to five services (leg ulcer management, secondary care initiated procedures service, anti-coagulation, near patient testing and dementia). Service changes would commence from April 2017. Notice had been given to Practices on the 22<sup>nd</sup> December about these changes.</p> <p>TD requested that GPs and Practices were consulted concerning service changes on a locality basis, especially with regards the leg ulcer service. JCu advised that the working group were aware of this and would be working through this. This would be raised at the Primary Care Operational Group.</p> <ul style="list-style-type: none"> <li>• <b>GP Forward View</b> The draft Terms of Reference required minor changes to manage conflicts of interest and to detail the roles and responsibilities and governance. Wider resilience was required; there were currently 10-12 vulnerable practices across Wiltshire.</li> </ul>	<p>JCu</p>

	<p>Details of the Prescribing Ordering Direct (POD) scheme had been presented to Clinical Executive Members before Christmas, indicating the initiatives and resources. There was a need for it to be locality led with clinical support.</p> <ul style="list-style-type: none"> <li> <b>Community Education Provider Network and Workforce Sub Group</b>            SR reported that project agreements had been signed off and were to be sent off to NHS England. The first tranche of funding from AHSN (Academic Health Science Network) had been drawn down. Recent recruitment for a Project Manager post had been successful.         </li> </ul> <p>A workforce benchmarking project had commenced, with input from the Quality Team, GP Practices and Primary Care. The overall project plan was to review workforce across the Wiltshire area, and tying this in with the Sustainability and Transformation Plan (STP).</p> <ul style="list-style-type: none"> <li> <b>Delegated Commissioning</b>            JCu reported that structures were being looked into, including that of the Committee. This would reflect the Primary Care Commissioning Committee (PCCC) Terms of Reference, which would come to the March PCJCC Meeting for approval, and then go to the Governing Body for ratification. Meeting dates for the new Primary Care Commissioning Committee (PCCC) would be confirmed.         </li> </ul> <p>DE congratulated JCu and the team on the excellent application that had been submitted.</p>	<p>JCu / VS  SW</p>
<p>6</p>	<p><b>Patient and Public Involvement</b>            CR reported that HealthWatch Wiltshire's Report on Patient Participation in Wiltshire had been circulated to CCG staff and Members, all GPs, Practices, Practice Managers and wider to NHS England and the Quality Surveillance Group. It had been well received.</p> <p>Feedback from the Patient Participation Group (PPG) event held in December 2016 included:</p> <ul style="list-style-type: none"> <li>An annual event was valuable and should continue</li> <li>An internet communication solution should be looked into</li> <li>A quarterly newsletter and information sheets to be produced – with input from the CCG and PPG</li> <li>Continued support required from HealthWatch Wiltshire</li> <li>A GP representative upon the working group would be welcomed</li> <li>Action plans to be developed</li> </ul> <p>It was agreed that the PPG presented a motivated cohort of people to engage with on behalf of the CCG, giving access to all ages and demographics.</p> <p>CG felt that the different approaches used by the PPG were insightful and that the response and input from GPs had been valuable. CG felt that PPG's were an under used resource.</p> <p>CR wished to note her thanks to all involved in the PPG event, especially CG and Angela Metcalf of NHS England.</p>	

7	<p><b>GP Forward View Overview</b></p> <p>NH tabled the GP Forward View (GPFV) update report. Online information was being consolidated for the GPFV and was now on one page of the NHS England website. The slide deck circulated with the meeting papers could be used by Members when presenting about the GPFV. CR noted that the slides did not mention public and patient engagement. NH advised that it was expected that engagement was embedded in all conversations.</p> <p>NH reported on the following new areas of work:</p> <ul style="list-style-type: none"> <li>• Quality Scheme – publication of the Quality Scheme was underway and information was now correct upon NHS Choices. This was similar to the Quality Outcome Framework (QUOF) and developed integration.</li> <li>• Urgent Medical Supplies – through the Supply and Advice Service, 111 and direct to Community Pharmacists that were open.</li> </ul> <p>The CCG and NHS England continue to work with Practices to implement online patient services.</p>	
8	<p><b>Applications for Mergers</b></p> <p><b>a) Pewsey and Marlborough</b> NH advised Members that Marlborough and Pewsey Practices were working towards a merger, to be in place by 1 April 2017. Both Practices were undertaking patient engagement through public meetings and their websites. Databases would be merged as systems used were similar. The CCG and NHS England had indicated their support to the process.</p> <p><b>The Committee approved the merger of the Pewsey and Marlborough Practices in principle, but requested feedback following the engagement work.</b></p> <p><b>b) Three Chequers</b> Endless Street Surgery and St Ann Street Surgery both dispense. Following the merger, both surgeries are aware that it may impact upon their dispensing rights. This was a separate issue to be resolved.</p> <p><b>The Committee approved the merger of the Endless Street, St Anne Street and Three Swans Surgeries from 1 April 2017 in principle, but requested feedback following the engagement work.</b></p> <p><b>c) Widbrook and Bradford Road</b> NH advised Members that Bradford Road Medical Centre and Widbrook Medical Practice were working towards a merger, to be in place by 1 April 2017. This would be an interim step. A subsequent merger with Adcroft Surgery was planned for 1 July 2017, and would form Trowbridge Health Centre. This was subject to full consultation. Public engagement meetings had been held.</p> <p>Widbrook Surgery had been issued with a notice from CQC. This would be clarified following the merger.</p> <p>It was noted that the paper circulated only contained one signature. NH would confirm that both surgeries had signed the merger application.</p>	<p>NH</p> <p>NH</p> <p>NH</p>

	<p><b>The Committee approved the merger of the Bradford Road Medical Centre and Widbrook Medical Practice from 1 April 2017.</b></p> <p>NH advised that a proforma was used with those Practices considering a merger. NHS England and LMC assist with the process and advise on regulations. Lessons learnt from previous mergers were shared with Practices. A merger is not the only option for struggling practices to consider. The proforma used would be circulated with the meeting minutes for information.</p>	<p><b>NH / SW</b></p>
<p><b>9</b></p>	<p><b>Quality Update</b></p> <p>DMcA spoke to the Primary Care Quality Report as circulated with the meeting papers. The National Reporting and Learning System (NRLS) was under review to take account of the transfer to CCGs. Incidents were currently logged to the NRLS and reported to NHS England. Practices then need to tick a box to allow CCGs to access it. Engagement work was underway with Practices to gather feedback, assist with their continuous improvement and to enable the CCGs support offering to be developed.</p> <p>The NHS Adult Safeguarding guidance had been withdrawn by NHS England. The recent Joint Targeted Area Inspection recommended that increased dialogue with the Multi-Agency Safeguarding Hub (MASH) was needed and could bring closer working with the Children Social Care teams at Wiltshire Council. A report would be brought to the PCJCC when available.</p> <p>It is expected that the C.Difficile end of year target would be met. Additional support was now in place in the Quality Team. Three of the four national measures of the Quality Premium relate to Primary Care. There was still work to do to meet the E-referral target of 80%.</p> <p>Current CQC status indicated seven practices rated as 'outstanding' within Wiltshire, although it was noted that not one Practice had received 'outstanding' in Safety. Page 8 listed the findings from the 'outstanding' Practices in Wiltshire. PPGs were actively engaged.</p> <p>Jenny Hair and Alison West were leading on the Workforce Development. The Quality Team continued to participate in the Primary Care Workforce Sub Group. A vacancy survey had been conducted, and had fed into the Sustainability and Resilience Programme. The results had shown a gap in administration and support roles. The Practice Nurse Development Forum was to continue, with a refreshed approach and format. Page 11 indicated the uptake of CEPN courses. Capacity was seen as the main reason for unused courses, and the lack of available backfill to release staff. Practice Nurses had been asked for their course requirements to ensure the courses on offer remained relevant. MS suggested that revalidation should link to course development and a 3 year reflective practice. Peer appraisals could be available to learn from GPs.</p>	<p><b>DMcA</b></p>
<p><b>10</b></p>	<p><b>Primary Care Estates</b></p> <p>SY provided an update on the Estate and Technology Transformation Fund schemes.</p> <p>Arcadis had been appointed as the Healthcare Development Advisors to support the Trowbridge and Devizes programmes. The Project Initiation Documents (PIDs) were in development and would be sent to NHS England in</p>	

	<p>February. Other work in progress included project execution plans and development programmes, option appraisals for routes to development, site options appraisal and review of models of care. An array of risks and challenges had been found, but this was not unusual at this stage. The CCG was still in the due diligence stage, and would be signed off by the CCG and NHS England at each phase.</p> <p>The Northlands, Calne programme had appointed an architect; plans were being developed and planning permission sought.</p> <p>Six facet surveys had been undertaken. Letters would be sent to all Practices this week to ask for an update on actions following receipt of the survey. Details of the Improvement Grants available for 2017/18 and 2018/19, and the process and timeline for applying would be circulated to Practices.</p> <p>Strategic Health Planning ties these programmes together and encourages stakeholder engagement. This would be discussed further at the March Private Governing Body meeting.</p>	
<p>11</p>	<p><b>Finance Update</b> SC reported against the position at month 8. Page 4 of the paper gave a month and year to date view. There was a variance of £216k to date against the YTD budget.</p> <p>The month 8 budget allocation remained the same as month 7 for the co-commissioning budget. NHS England had received additional capital funding through the Estates Technology Transformation Fund for pre-projects costs for Trowbridge (£185k) and Devizes (£93k) Primary Care Centres, and received capital funding of £107k for Avon Valley Practice.</p> <p>NHS England held the headroom reserves. These would be used to offset ongoing pressures.</p> <p>The reported Forecast Outturn originally had a potential underspend, but this was no longer possible, this had been offset by the overspend.</p>	
<p>12</p>	<p><b>Any Other Business &amp; Closing Remarks</b> There was none.</p> <p>The meeting concluded at 16.00hrs</p>	

**Date and Time of Next Meeting: Tuesday 28 March 2017, 15.30 – 17.00hrs**