

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
PRIMARY CARE COMMISSIONING COMMITTEE MEETING
HELD ON TUESDAY 26 SEPTEMBER 2017, 15.30HRS AT CHIPPENHAM TOWN HALL**

Voting Members Present:		
Christine Reid	CR	Chair, Lay Member, Public and Patient Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Dr Richard Sandford-Hill	RSH	GP Chair of West
Dr Toby Davies	TD	GP Chair of Sarum
Dr Andrew Girdher	AG	GP Chair of NEW
Jo Cullen	JCu	Director of Primary & Urgent Care
Dina McAlpine	DMcA	Director of Quality
In Attendance:		
Chris Graves	CG	Chair of HealthWatch Wiltshire
Dr Peter Jenkins	PJ	Chair of the Wiltshire CCG
Debra Elliott	DE	Director of Commissioning, NHS England
Tracey Strachan	TS	Deputy Director of Primary Care
Dr Helen Osborn	HO	Medical Advisor
Sharon Woolley	SW	Board Administrator
Apologies:		
Victoria Stanley	VS	Commissioning Manager/ Locality Lead
Baroness Jane Scott	JS	Leader, Wiltshire Council
Carol Cusack	CC	Director of Primary Care, Local Medical Committee (LMC)
Nikki Holmes	NH	Head of Primary Care, NHS England

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PCCC/17/09/01	Welcome and apologies for absence CR welcomed everyone to the meeting. The above apologies were noted.	
PCCC/17/09/02	Declarations of Interests 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). There were no new conflicts.	
PCCC/17/09/03	Minutes of the meeting held on 27 June 2017 and the Extraordinary meeting held on 6 September 2017 The minutes of the meeting held on 27 June 2017 and the Extraordinary meeting held on 6 September 2017 were approved as accurate records.	
PCCC/17/09/04	Action Tracker PCCC/17/06/05.1 – DE advised that informational links concerning the reduction of Seniority Payments had been emailed out to all Practices and awareness raised amongst GPs. DE would share the email with Members. ONGOING	DE

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PCCC/17/09/05	<p>Matters Arising</p> <p>a) Practices Conflicts of Interest DE reported that the GP Practice conflicts of interest guidance had been released, but it did not apply to individual GP's in the practices, only those who were on the Board.</p>	
PCCC/17/09/06	<p>Wiltshire CCG Update:</p> <p>a) Integrated Urgent Care Service – Procurement Report JC reported that a Joint Governing Body meeting had been held on 21 September 2017 involving BaNES CCG, Swindon CCG, Wiltshire CCG and Wiltshire Council to make a decision concerning the procurement of the Integrated Urgent Care service. This was now in the ten day standstill stage. Formal announcement of the contract award would be made on 3 October 2017. An update would be brought to the January meeting.</p> <p>ACTION: PCCC/17/09/06a – Confirmed details of the Integrated Urgent Care service contract award to be brought to the January meeting.</p> <p>b) Update on Delegated Commissioning of Primary Care TS explained that the paper provided an update to the Committee on the various functions transferring from NHS England to the CCG, the risk and the mitigations. The highest, ongoing risk was that of resources. All Directorates had reported an impact on staff. DE was aware of the national discussion being had concerning resources. As part of the emerging Accountable Care Systems, full delegation was being requested, and in some cases teams would be transferred across.</p> <p>A presentation had been requested for the Governing Body concerning the support provided to practices and the best value and use of staff resources, recognising the pressures. This would be taken to the November Governing Body meeting.</p> <p>RSH questioned if there were any other national plans being developed, particularly concerning Pharmacists or Ophthalmology. DE advised that nationally there were no plans, but she was aware that conversations had started as part of the development of some of Accountable Care Systems. DE would keep abreast of this, along with the resources discussions and would inform the Committee in due course.</p> <p>c) GP Forward View Implementation Update JC explained that the paper gave an update against the GP Forward View and Resilience Programme, which included the 2017/18 support plans for vulnerable practices. The paper referred to the identified funding from NHS England and the CCG. The Governing Body had approved the allocation of the £200k GMS reserves to support the resilience programme.</p> <p>d) Update Report from Primary Care Operational Group (24/08/17) TS reported against the summary from the Primary Care Operational Group meeting held on 24 August 2017.</p> <p>LP questioned if the noted Clinical Pharmacist bid was a new bid. TS explained that this was a new wave. A fully defined bid was not yet available for the current round. The new Prescription Ordering Direct (POD) service contained pharmacy skills and was becoming a way forward and was to be fully utilised. There was also a pharmacy element within the 111 and Out of Hours service and the overview of all these would be built into</p>	JC

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	<p>all new developments. DMcA stressed the need to ensure that patient and clinical safety was still monitored, as that was a key role of a pharmacist. A reflection on wave one was needed. RSH felt that the first wave had brought significant quality benefits to the system.</p> <p>A national Clinical Pharmacist Policy was being implemented, which included the requirement of supervision and professional development. Although not a substitute for GPs, it was hoped that the training and support could get staff Primary Care ready.</p> <p>JC confirmed that there was to be a POD presentation for November's Governing Body meeting, which would include the role of the Community Pharmacist, tying the whole model together and considering the workforce issues. The revised Primary Care Strategy would also be taken to the November Governing Body meeting, and would be brought to the Committee at its next meeting in January.</p> <p>ACTION: PCCC/17/09/06d - Prescription Ordering Direct (POD) presentation and Primary Care Strategy to be brought to the January Committee meeting.</p> <p>Ratification of Extraordinary PCCC Decision:</p> <p>e) The Avenue Increase in GMS Space Application</p> <p>The paper circulated was as presented and discussed at the Extraordinary PCCC meeting held on 6 September 2017. The Avenue Surgery in Warminster had seen an increase in patients (additional 1,100) since the closure announcement of Smallbrook Surgery. The Avenue now had an opportunity to expand its GMS Services. The additional rent would be a short term issue to cover from Primary Care reserves. The actual savings in the long term following surgery closes and surgery expansions would depend on rent values and district values.</p> <p>The Committee ratified the decision made at the Extraordinary Primary Care Commissioning Committee meeting held on 6 September 2017.</p> <p>For Decision:</p> <p>f) Cross Plain Surgery and Bourne Valley Practice</p> <p>TD reaffirmed to the Chair his conflict of interest against this item and left the meeting.</p> <ul style="list-style-type: none"> - Merger Application - Boundary Change Application - Closure of Branch Surgery Application <p>JC informed Members that this paper followed the approval given by the Committee at the meeting held on 27 June 2017 for the merger of the Cross Plain Surgery and Bourne Valley Practice.</p> <p>Further consultation had taken place concerning the proposed boundary change. West Hampshire CCGs initial response was lack of support for the boundary change; they requested consultation with their practices. No feedback had been received, and only one response from other neighbouring cross boundary practices. Cross Plain Surgery had also sent out details to patients, 12 responses had been received with some questions raised. The boundary expansion would include the Ludgershall branch surgery following its closure.</p>	<p>JC</p>

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	<p>The Committee approved the applications to close Ludgershall branch surgery and to change the boundary for Cross Plain Surgery. (TD re-joined the meeting)</p>	
PCCC/17/09/07	<p>Patient and Public Involvement CR reported that the Patient Participation group (PPG) work continued. The WCCG's Communications Team had launched the newsletter to enable regular sharing of information and updates to PPGs. The annual PPG meeting was to be held on 12 October 2017, which would include workshop and consultation sessions.</p> <p>There was no funding to further develop this work until the new financial year. Work with HealthWatch Wiltshire had therefore reduced.</p> <p>The Communications Team had addressed several meetings to explain the issues in primary care and to enlist new support. An engagement plan was being developed to align to the primary care and clinical strategy work.</p> <p>SMac reported that a good, well established relationship had been built with the PPGs, but ongoing PPG support was needed. Funding and resources were continued issues for this area of work. SP suggested a review of the Communications and Engagement Strategy for 2018, to include PPG support and quality subset.</p> <p>CG suggested that regular engagement with the public was beneficial, not just when they were required to consult against. A trusted relationship was needed.</p>	
PCCC/17/09/08	<p>Finance Update The paper provided the month five position. The year to date figures indicated a £5k overspend, budget explanations were shown on page five of the report.</p> <p>The primary care budget held contingency and headroom reserves in line with national guidance. A review of the primary care budget had been shared with PCOG and was shown on page seven. It indicated a flexibility amount of £321k. It had been agreed at the Governing Body meeting held earlier that day that the GP Resilience Programme would be funded from this flexibility figure identified in the delegated budget.</p>	
PCCC/17/09/09	<p>Quality Update DMcA talked through the Quality Report, which looked at the safety, patient experience and effectiveness and incidents raised since April 2017.</p> <p>The team had been working with practices to improve incident reporting and to streamline the Root Cause Analysis writing.</p> <p>In collaboration with the STP, work was ongoing to reduce Gram Negative Bacteraemia in line with the requirements of the Quality Premium. The CCG hosted a workshop in June 2017, which identified key areas for focus, some of which would be addressed through the CCGs Care Home Project, which had been approved for implementation. The aim of the project was shown under 6.6.</p> <p>The report included a case study as an example of the proactive support given by the CCG following a CQC inspection. The overall aim was to encourage practices to use the wider toolkit that was in development by the Primary Care team.</p>	

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	<p>The Practice Nurse Forum organised by the Quality Team continued to grow. It supported professional development of Practice Nurses. A sub group of the Forum were reviewing induction and competency guidelines as shared by Gloucestershire CCG.</p> <p>CG raised the need for the CCG to be made aware of complaints raised through NHS England, especially if they were regarding commissioned services. DE explained that a link had now been made as stated on page two. The progression information from the complaint was still required. It was noted that GPs managed their own complaints in house. CG informed Members that HealthWatch England had raised this concern with NHS Central.</p>	
PCCC/17/09/10	<p>National Update DE reported that due diligence was underway with Wiltshire concerning its ETTF bids. The Community Pharmacist bid was part of the wider strategy. LP questioned the Digital Fund criteria. SP explained that ETTF slippage had been identified, and queried the next steps for the Devizes and Trowbridge steps. As an STP a bid for slippage had been submitted, linked to the primary care agenda. DE confirmed that the bids were to be signed off this week through the Project Assessment Unit and then both would be live.</p>	
PCCC/17/09/11	<p>Proposed 2018/19 Committee Meeting Dates The proposed meeting dates for 2018/19 were noted.</p>	
PCCC/17/09/12	<p>Any Other Business There was none.</p>	
	The meeting concluded at 16.30 hrs	

**Date of next Primary Care Commissioning Committee Meeting:
23 January 2018 – 14.30 – 16.00hrs**