

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
PRIMARY CARE COMMISSIONING COMMITTEE MEETING
HELD ON TUESDAY 27 MARCH 2018, 15.30HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:		
Christine Reid	CR	Chair, Lay Member, Public and Patient Involvement
Dr Mark Smithies	MS	Vice Chair, Secondary Care Doctor
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Dr Toby Davies	TD	GP Chair of Sarum
Dr Andrew Girdher	AG	GP Chair of NEW
Dr Lindsay Kinlin	LK	GP Interim Vice Chair of West
Jo Cullen	JC	Director of Primary and Urgent Care
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
In Attendance:		
Dr Richard Sandford-Hill	RSH	Clinical Chair of the CCG
Dr Chet Sheth	CS	GP Vice Chair of Sarum <i>(until 16.20hrs)</i>
Rachel Pearce	RP	Director Commissioning Operations South West (North), NHSE South West
Tracey Strachan	TS	Deputy Director of Primary Care
Carol Cusack	CC	Director of Primary Care, Local Medical Committee (LMC)
Dr Helen Osborn	HO	Medical Advisor
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator
Apologies:		
Victoria Stanley	VS	Commissioning Manager/ Locality Lead
Baroness Jane Scott	JS	Leader, Wiltshire Council

ITEM NUMBER		ACTION
PCCC/18/03/01	Welcome and apologies for absence CR welcomed everyone to the meeting. The above apologies were noted.	
PCCC/18/03/02	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 none declared. The meeting was quorate.	
PCCC/18/03/03	Minutes of the meeting held on 23 January 2018 The minutes of the meeting held on 23 January 2018 were approved as an accurate record.	
PCCC/18/03/04	Action Tracker The action tracker was reviewed and updated.	

ITEM NUMBER		ACTION
	<p>PCCC/18/01/06a - Care Model and Primary Care Strategy would be brought to the June Committee meeting. ONGOING</p> <p>PCCC/18/01/07 - POD figures would be reviewed by EMT at their meeting on 9 April 2018. These would then be circulated to Members. ONGOING</p> <p>PCCC/18/01/11 – Orthodontic Procurement information emailed to JC and TS 26/03/18. CLOSED</p>	<p>JC / LP</p> <p>Alex Goddard / JC</p>
PCCC/18/03/05	<p>Matters Arising There were no matters arising.</p>	
PCCC/18/03/06	<p>Wiltshire CCG Update:</p> <ul style="list-style-type: none"> • National Update Improved access was the most significant area of work, with the target date of October 2018. • Local Update <p>a) GP Forward View Update TS went through the presentation, which provided an update to Members on the GP Forward View, Resilience, Operating Plan Refresh and the Primary Care Offer Learning Event.</p> <p>Additional to the presentation, JC reported that 111 Online was now to be in place by July 2018, not December 2018 as originally specified. Pathways may be affected by this implementation. Links were in place with the Integrated Urgent Care service.</p> <p>b) Delegated Commissioning Transition Update TS talked through the update concerning the delegated commissioning transition. There were still a number of functions to transfer over to the CCG, this would be completed by June 2018.</p> <p>A new national, enhanced specification for the Special Allocation Scheme had been released. Details had been circulated to Practices to gauge interest as potential providers for the service. It would have to go for national procurement if there was no local interest.</p> <p>ACTION: PCCC/18/03/06b - Update on Special Allocation Scheme service provision to be brought to the June Committee meeting.</p> <p>Capacity of the different staff teams involved in the transition and delivery of full delegation was the biggest risk. The full transition impact was not yet known, but was being monitored.</p> <p>JC reported that PwC had undertaken an internal audit concerning the move to full delegation. It highlighted a number of areas of good practice, and actions to complete.</p> <ul style="list-style-type: none"> c) Refresh NHS Plan Primary Care Submissions Covered by presentation for item 6a. d) GP Resilience Covered by presentation for item 6a. e) Feedback from Primary Care Offer Learning Event (1 March 2018) This event was postponed due to adverse weather. It is re-scheduled for 10 May 2018. 	<p>TS</p>

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	<p>f) Update Report from Primary Care Operational Group (22 February 2018) The Committee noted the update report from the Primary Care Operational Group meeting held on 22 February 2018.</p> <ul style="list-style-type: none"> • For Approval <p>g) Practice Boundary Change Beversbrook Medical Centre TS reminded Members that there had been support of the Beversbrook Medical Centre boundary change when submitted in October 2017. Since its approval, it had been found that the map shared was incorrect and did not reflect the Practice decision. NHS England had gone out for further consultation. One objection had been received concerning the boundary, but this did not impinge on the paper for approval.</p> <p>The Committee approved the revised inner boundary for Beversbrook Medical Centre.</p> <p><i>(15.55hrs LK joined the meeting)</i></p> <p>h) Jubilee Field Surgery GMS Expansion Request Jubilee Field Surgery was requesting funding for an additional 6.81m² for an entry lobby and staff access corridor. It was noted that this excluded the new dispensary and waiting area which had been self-funded, and not approved by the CCG and NHS England.</p> <p>The Committee approved the inclusion of the additional GMS space of Jubilee Field Surgery premises.</p> <p><i>(16.00hrs - LK declared an interest in the next item as she would be joining the Orchard Partnership at the start of April 2018. LK agreed to leave the meeting for the discussion)</i></p> <p>i) The Orchard Partnership GMS Expansion Request TS reported that the Old Orchard Surgery had anticipated future growth back in 2010 and had developed their premises. The proposal for consideration was for an additional 43.14 m² ground floor extension space.</p> <p>The Committee approved the inclusion of the additional GMS space of the Orchard Partnership's Wilton premises.</p> <p><i>(16.05hrs LK re-joined the meeting)</i></p>	
PCCC/18/03/07	<p>Workforce / Community Education Provider Network (CEPN) TS explained that the paper highlighted the current workforce projects funded and supported by CEPN.</p> <p>One Education Facilitator was now in post and would partly be based in Wiltshire. A second was to be recruited for the Swindon area.</p> <p>LK informed Members that space on hospital sites were starting to be used as university and education training places.</p> <p>MS reported that the Diploma in Geriatric Medicine run by the Royal College of Physicians was possibly under threat. This would have a long term knock on effect to the CCG. MS would keep the Committee up to date on the situation.</p>	
PCCC/18/03/08	<p>Finance Update SP reported against the Month 11 position as prepared by NHS England.</p>	

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	<p>The primary care underspend, currently forecast at £759k would move into the CCG's overall position, but would be ring-fenced to support primary care for 2018/19. Headroom monies were also to be made accessible from NHS England. A business case in support of transforming services and meeting national requirements would be needed to draw down this money. Discussions concerning transformation programmes would commence in the new financial year. The GP Alliance has been supported to start to drive change.</p> <p>The CCG needed to be proactive on resilience to underpin Practices. Vulnerability was still evident. This needed to link with specialist sectors such as mental health. LP was the lead for the STP Mental Health work stream, which could bring opportunities. JC reported that Trowbridge had recently recruited a Community Psychiatric Nurse (CPN), which was helping to free up GP time. The learning from this work would be shared.</p> <p>Next year would see a greater impact of the GMS contracts. Opportunities of the forward view needed to be reviewed.</p>	
PCCC/18/03/09	<p>Primary Care - Quality Report</p> <p>DMcA went through the Primary Care Quality Report and highlighted a number of items.</p> <p>There had been a programme of raising awareness amongst Practices of the new serious incident reporting process which had seen an increase in the reporting rate. Pages three and four indicated the category and themes of the reported incidents.</p> <p>The Quality Team were working more proactively with Practice Nurses through the Forum, sharing best practice and tools, and supporting Practices around Infection Prevention and Control.</p> <p><i>(16.20hrs - CS left the meeting)</i></p> <p>The Primary Care Patient Safety Collaborative would be into its third year for 2018/19. The Academic Health Science Network lead for the Collaborative, Hein Le Roux would be attending the GP Clinical Governance Group meeting in June 2018.</p> <p>The compliance rate of Friends and Family Test data from Practices was lower than the national rate. The Team would be targeting those Practices with a low or none return rate. It had been found that it was largely those smaller or more vulnerable Practices that were not returning data.</p> <p>The 2017 GP Survey results indicated that the Black and Minority Ethnic (BME) population were less satisfied with their experience of their GP Practice. This would be picked up through those Patient participations Groups (PPG) to bring improvements. BME representatives were to be encouraged to join their local PPG. It was suggested that PPGs should engage more with their Local Area Boards and Health and Well Being Groups. SMac offered Communication team support with this engagement work.</p> <p>Page 27 provided a breakdown of the vacancies within Practices as identified in the January 2018 Workforce Survey. The results help to inform the workforce mapping across Wiltshire. Page 35 gave a table of responses to the additional detail requested.</p> <p>ACTION: PCCC/18/03/09.0 - Results from Workforce survey to be shared with GP</p>	Emma Higgins

