



Wiltshire

Clinical Commissioning Group

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
PRIMARY CARE COMMISSIONING COMMITTEE MEETING
HELD ON TUESDAY 25 SEPTEMBER 2018, 15.30HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:		
Christine Reid	CR	Chair, Lay Member, Public and Patient Involvement
Linda Prosser	LP	Interim Chief Officer (<i>until 15.58hrs</i>)
John Measham	JM	Interim Deputy Chief Financial Officer
Dr Andrew Girdher	AG	GP Chair of NEW
Jo Cullen	JC	Director of Primary and Urgent Care
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Richard Sandford-Hill	RSH	Clinical Chair of the CCG
In Attendance:		
Tracey Strachan	TS	Deputy Director of Primary Care
Stacey Plumb	SPI	Healthwatch Wiltshire
Kate Blackburn	KB	Public Health, Wiltshire Council
Sharon Woolley	SW	Board Administrator
Apologies:		
Dr Mark Smithies	MS	Vice Chair, Secondary Care Doctor
Dr Toby Davies	TD	GP Chair of Sarum
Dr Helen Osborn	HO	Medical Advisor
Baroness Jane Scott	JS	Leader, Wiltshire Council
Carol Cusack	CC	Director of Primary Care, Local Medical Committee (LMC)
Steve Perkins	SP	Chief Financial Officer
Dr Catrinel Wright	CW	GP Interim Chair of West
Victoria Stanley	VS	Commissioning Manager/ Locality Lead

ITEM NUMBER		ACTION
PCCC/18/09/01	Welcome and apologies for absence CR welcomed everyone to the meeting. The above apologies were noted.	
PCCC/18/09/02	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 none declared. The meeting was quorate.	
PCCC/18/09/03	Minutes of the meeting held on 26 June 2018 The minutes of the meeting held on 26 June 2018 were approved as an accurate record.	
PCCC/18/09/04	Matters Arising a) Procurement of the Management of the Interpretation and Translation Services As part of full delegation, the CCG was now responsible for commissioning the Management of the Interpretation and Translation Services. National guidance was awaited before the procurement exercise could commence.	

ITEM NUMBER		ACTION
	<p>The service would run across a number of services. It would not be a high value tender, but market testing across the STP with BaNES and Swindon CCGs was required. An update would be brought to the Committee in January. The current service would continue until March 2019. The CCG now had direct contacts with the language line service.</p>	
PCCC/18/09/05	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>PCCC/18/06/06.1 - The Committee agreed that a letter would be sent to Baroness Jane Scott and Cllr Jerry Wickham to confirm that there was now sufficient representation from Public Health and the Health and Wellbeing Board upon the Committee. ONGOING</p> <p>PCCC/18/06/07c.1 - The Committee agreed to raise specific issues on a case by case basis with NHS England. CLOSED</p> <p>All other actions were covered by agenda items or marked as completed or closed.</p>	JC
PCCC/18/09/06	<p>Items for Decision as Recommended by the Primary Care Operational Group:</p> <p>a) Clarification of Increase in GMS space at The Orchard Partnership TS advised that the request for additional GMS space at the Orchard Partnership had been previously approved by the Committee. However, it was noted that the figures within the application had only referred to one element. With the inclusion of both elements, the additional rent resources required equated to £12,900, which had been budgeted for.</p> <p>The Committee noted the clarification and approved the request.</p> <p>b) Care Homes for Older People Service Specification Alteration without Three Month Notification of Change TS reported that the paper was to request approval of an in-year change to the Local Enhanced Service (LES) as part of the Care Homes for Older People programme, without a three month notice period. There was a new requirement for clinical assessments to be carried out by GPs should an outbreak of influenza occur. One Practice had been concerned about the LES change without the sufficient notice period, but had not further challenged the approach.</p> <p>The Committee agreed for the inclusion of clinical assessment for anti-virals into the specification.</p> <p>c) Approval of The Lodge Surgery to join the Homeless Service and to Back Date Payment to 01.04.18 in Recognition of their Participation in the Service The Lodge Surgery wished to become a part of the Homeless Service provided at John Baker House through the Three Chequers Practice in Salisbury. The business case had been shared with Members. There was a need to recognise the additional work undertaken and ensure equity of payment. TS recommended that payment be backdated to 1 April 2018. TS advised that this service would form part of the service level agreement with The Lodge, enabling the CCG to request monitoring information.</p> <p>John Baker House and Unity House in Chippenham were the two biggest hostels in Wiltshire. There was a need to ensure that their boundaries covered</p>	

ITEM NUMBER		ACTION
	<p>Wiltshire. Closer work with Public Health was required on this subject area. Support for those homeless people not meeting the criteria of the two establishments was required. The CCG wished to be part of the development of the needs assessment being prepared by Public Health. Engagement of AWP would also be beneficial on a case by case basis.</p> <p>The Committee agreed for The Lodge to become part of the Homeless Service and for payment to be backdated to 1 April 2018.</p> <p>d) Cross Plain New Premises Business Case Ahead of the Army rebasing of troops from Germany to Wiltshire, a project had been supported in principal by NHS England in 2014 to develop a joint health centre with the Ministry of Defence (MOD) in Larkhill. Sarum North NHS was working closely with the MOD; development had commenced, financed by the MOD. Cross Plain Practice has been fully involved in the design meetings. A business case had been circulated for decision.</p> <p>A high level of growth had already been reported for the area and the locality was under its space allocation. A map was tabled by TS which indicated the area to be affected. There were 15 miles between Larkhill and the next Practice with spare capacity; this was a significant distance to expect patients to travel without sufficient public transport. There was a need for this additional space and capacity for the Larkhill area.</p> <p><i>(15.58hrs – LP left the meeting)</i></p> <p>The new Centre would service MOD patients as well. MOD Primary Care could take on up to 1000 dependents; the remainder would be registered as NHS patients, however numbers cannot be guaranteed due to patient choice. The premises would provide a shared space free of charge. Rent would only be paid against the NHS space occupied. The new build will help replace a not fit for purpose building.</p> <p>The Committee approved the business case for the new premises in Larkhill and for the subsequent increase in rent.</p>	
PCCC/18/09/07	<p>Primary Care Commissioning Operational Group (PCOG) Terms of Reference TS advised that the terms of reference for the PCOG had undergone its annual review. The reference to the Finance sub-group had been removed now that the group had ceased, however the group would continue to receive finance reports. The Premises and Workforce sub-groups would remain. PCOG did not oversee Dispensing Services Quality Scheme and Safeguarding Policy, but would review any application and claims out of the Statement of Financial Entitlements.</p> <p>It was suggested that finance and contract elements be referenced under the groups purpose. Amendments would be required to section five following the recent agreed clinical leadership changes. This would be further discussed at the next PCOG.</p> <p>The Committee therefore did not approve the PCOG terms of reference, but asked to review them again in six months' time.</p> <p>ACTION: PCCC/18/09/07 - Suggested amendments to be made to PCOG Terms of Reference, agreed by PCOG and then brought for PCCC approval again in six months' time.</p>	TS

ITEM NUMBER		ACTION
PCCC/18/09/08	<p>Primary Care Commissioning Committee Annual Report CR felt it had been a very successful year for the new committee. Thanks were expressed to JC and TS for leading the team and Committee through the implementation of the full delegation. NHS England were no longer directly involved in the operation of the Committee, the CCG was meeting statutory requirements and there was confidence in the CCG to deliver.</p> <p>The Committee approved the Primary Care Commissioning Committee Annual Report.</p>	
PCCC/18/09/09	<p>Update on Delegation Transitional Plan</p> <p>a) NHS England Update on Areas Still to be Transitioned and Legacy Issues TS explained that the enclosed papers identified the outstanding areas to be transitioned, and the risks related to full delegation held on the risk register.</p> <p>A letter from Debra Elliott (NHS England) had been circulated with the papers, which provided an update to the Committee against the issues raised by Christine. TS had concerns on the accuracy of the update against some areas. It was agreed that the CCG would raise these on a case by case basis to ensure these were resolved.</p> <p>TS advised that a Secure File Transfer pilot with NHS England had now been scheduled.</p> <p>ACTION: PCCC/18/09/09a - Delegation Transition update to be brought to the January Committee meeting.</p> <p>b) Special Allocation Scheme Service Provision Information Governance issues surround the Special Allocation Scheme (SAS) service. This needed to be addressed by the CCG. This had delayed funding and allocation of costs.</p> <p>TS advised that the financial issues with the current provider of the SAS service had been resolved. They were the sole provider of the countywide service. It was likely that the national procurement for this service planned for next year may not commence, however a national specification had been released for consideration. WCCG was discussing options with neighbouring CCGs, who were in a similar position, to create an STP wide opportunity.</p> <p>This service brought a risk for the CCG because of its duty of care to the staff. The rurality of the county and lack of transport options were impacting on its delivery. DMcA advised linking with the Avon and Wiltshire Mental Health Partnership (AWP) to review them case by case.</p> <p>ACTION: PCCC/18/09/09b - Special Allocation Scheme Service Provision Update to be brought to the January Committee meeting.</p>	<p>TS</p> <p>TS</p>
PCCC/18/09/10	<p>Winter Planning JC talked through the presentation. The feedback received from NHS England following the second submission of the Wiltshire Sustainability (Winter) Plan was to be reviewed and incorporated into a third submission to be made by 5 October. Capacity to meet demand was a priority to ensure patient safety.</p> <p>The key issues and risks for Primary Care were flu vaccination programme for the population, flu vaccination for primary and social care frontline staff and support</p>	

ITEM NUMBER		ACTION
	<p>workforce, Care Home and the agreed GP LES for anti-virals, and community contracted c.difficile.</p> <p>Improved Access was to go live on 1 October 2018, with a target of 30 minutes of consultation capacity per 1000 head of population, equating to 235 hours per week. Improved Access was to link with the existing core hours, extended hours and out of hour schemes already in place. A consistent offer was needed, especially to serve the rural areas. Weekly Improved Access Mobilisation Board and Oversight Board meetings were in place, and would continue to monitor delivery.</p> <p>111 Online was to go live late October – national advertising campaigns were to be released.</p>	
PCCC/18/09/11	<p>Primary Care – Quality Report DMcA talked to the Quality Report, as previously reviewed by PCOG.</p> <p>The national review of the Primary Care Quality Outcomes Framework (QOF) had indicated that Practices would need support from the CCG Quality Team to develop their capability for Quality Improvement and Assurance if the recommended changes were to take effect.</p> <p>The Primary Care Work Plan was being drafted with colleagues. The new Quality Dashboards were being well used.</p> <p>National reporting of incidents by Primary Care was historically low, but Wiltshire had reported a sustained increase via the National Reporting and Learning System following the implementation of the Single Point of Reporting. EH was engaged with Practices to support them with this and to portray the message that it was 'good to report incidents'. Serious Incident learning was actively shared through the GP Clinical Governance meetings.</p> <p>There was a focus on c.difficile cases being reported and wound care. Learning from MRSA cases recorded in 2017 identified good communication and has since initiated good shared learning. The vital push on the flu vaccination uptake would be continued into the forthcoming winter.</p> <p>WCCG was now able to view patient complaint descriptions if the patient gave authorisation. Page 16 presented the PALS enquiries and concerns to date for 2018/19. A majority of these concerned access to services. This would be reviewed following the implementation of Improved Access.</p> <p>The high level Patient Experience Action Plan was included on page 24, this was to be refreshed by the end of September, with engagement from the Patient Participation Groups.</p> <p>The Quality Team continued to support Practice Nurses through the Forum and Development Days. The Nurses have now taken the lead on organising the Forum themselves, which demonstrated support given by the CCG in developing their leadership skills.</p> <p>14 Practices had not responded to the January 2018 GP Practice Vacancy Survey. This was being followed up with them directly. The results indicated that vacancies for GPs and non-clinical staff had reduced. The CCG was working with Practices to identify a training and support framework to ensure staff were competent and adequately trained. The introduction of mentors was being considered, although</p>	

ITEM NUMBER		ACTION
	would require investment. TS reported that this would link well with the GP retention scheme being discussed with the GP Alliance and Wilcodoc.	
PCCC/18/09/12	Update Report from Primary Care Operational Group (23 August 2018) The PCOG summary was based upon the meeting held on 23 August. Items as recommended for approval at the September meeting had been discussed earlier on the agenda.	
PCCC/18/09/13	Update Report from Primary Care Oversight Board (31 July 2018) The PCOB summary was based upon the meeting held on 31 July 2018. TS reported that two GP Forward View posts had now been recruited to. Work would now commence on the locality plans against the Primary Care Offer Innovation Schemes.	
PCCC/18/09/14	Finance Report JM reported that at month 5, there was a £324k underspend, forecasted to breakeven by the year end. Prescribing and QOF were showing an underspend due to the prior year accruals released. QOF was expected to pull back to breakeven, prescribing would show a small underspend. £316k of reserves were held to support in year pressures and mitigate risks. £500k was expected from NHS England to fund the 1% GP contract increase; however the CCG has added this to its risk in the event funding was not forthcoming. LES budgets have unresolved issues for 2017/18 to still work through. It was showing an underspend of £110k at month 5. The FOT breakeven reflected these issues. The reserves of £654k would be utilised to increase the LES activity budgets once the issues were resolved. A £350k capital grant pot had been established for GP Practices. Bids have been submitted and were now being assessed to go through to the second round.	
PCCC/18/09/15	National Update There were no updates to report.	
PCCC/18/09/16	Any Other Business There were no other items.	
	The meeting concluded at 16.55hrs	

**Date of next Primary Care Commissioning Committee Meeting:
22 January 2019 – 14.30 – 16.00hrs**