

Primary Care Joint Commissioning Committee

Minutes of meeting held on 27th October 2016
10.00 – 12 noon, Mancroft Room, City Hall, Norwich

	<p>Present</p> <p>Irene Macdonald, Lay Member (Chair), NCCG James Elliott, Director of Clinical Transformation, NCCG John Ingham, Chief Finance Officer, NCCG Alex Stewart, CO, Healthwatch Councillor Vaughan Thomas, Health & Wellbeing Board Fiona Theodom, Contract Manager, NHSE Matt Thorpe, Head of Finance, NHSE Andrea Patman, Head of Commissioning, NHSE</p> <p>In Attendance: Carl Gosling, Primary Care Commissioning Manager Jane Bacon, NCCG (minutes)</p> <p>Members of the public John Isherwood, Practice Manager, Taverham Medical Group</p>	
1.	Welcome and Apologies	
	<p>Apologies were received from Paul Fisher, Tracy Lewis, Adrian Marr, Joanna Yellon, Amanda Carver, Karen Watts</p> <p>The chair welcomed Councillor Vaughan Thomas to his first meeting as a representative from the Health & Wellbeing Board.</p>	
2.	Declarations of Interest	
	<p>The Chairman reminded members to declare if they have any interest indirect or direct related to the meeting.</p> <p>Action: JB to circulate Guidelines document to committee.</p> <p>There were no conflicts of interest declared.</p>	JB
3.	Items Exempt Under Freedom of Information Action	
	None	
4.	Minutes & Action Log from 25th August 2016	
	<p>The minutes of the meeting held on the 25th August were agreed as an accurate record and signed by the chair.</p> <p>Action Log:</p> <p>2 – Delegated Authority – Information will be shared with CCGs at the beginning of November.</p> <p>Action: Delegated authority – agenda item for next meeting.</p> <p>3 – DES- FT – AP confirmed that the DES continued this year. It is not clear what DES will be in place for next year. Action Closed</p>	JE

Please could any questions from the public be submitted prior to the meeting via Norwich.CCG@nhs.net

	<p>5 – Risk Register – to be established for December meeting and to become a standard agenda item.</p> <p>6 – List of contracts + end dates for contracts the CCG will be inheriting on the 1st April 2017. List to go to John Ingham/Carl Gosling and will form part of the due diligence process</p> <p>7 – Premises cost – will be reported on under the finance report.</p> <p>8 – Paper on QOF – After discussion it was agreed to take off the agenda and that there should be discussion with the leadership group on the new models of care.</p> <p>9 – Care Home Model – outstanding - Raise with CT</p> <p>10 – Primary Care Delegated Commissioning – Completed.</p> <p>Matters Arising</p> <p>No matters arising</p>	<p>Jing</p> <p>AP</p>
<p>5.</p>	<p>Chairs Actions</p>	
	<p>No chairs actions to report.</p>	
<p>6.</p>	<p>Questions from the Public</p>	
	<p>No questions raised.</p>	
<p>7.</p>	<p>Primary Care Commissioning Report</p>	
	<p>FT presented the Primary Care Commissioning report and highlighted the following:</p> <p>Proposed changes to the terms of reference:</p> <p>There may be instances in the future when, due to the scheduling dates, that it's not possible to bring an application for a list closure or boundary change to the Joint Commissioning meetings for a decision. There may also be other urgent items when a rapid decision is required. Permission was sought from the committee for a clause to be inserted into the Terms of Reference to allow virtual meetings to take place outside the normal schedule and the decision reported back at the next meeting.</p> <p>An exemplar clause from another JCC terms of reference is set out below:</p> <p><i>“Private meetings of the Committee may be conducted on a ‘virtual’ basis through the use of e-mail communication if necessary. In such circumstances, minutes from the virtual meeting will be presented to the next available meeting of the Committee in public.”</i></p> <p>The committee agreed the proposal for recommendation to the Governing Body to approve.</p> <p>Action: Proposed changes to Terms of reference to Governing Body for approval</p> <p>GP Forward View - More recent announcements from the GP Forward View. NHS England has set out the latest measures it is implementing to help general practice cope with increasing demand – boosting GP numbers and tackling burnout as part of the General Practice Forward View.</p> <p>A nationwide £19.5m NHS GP health service will be introduced in January 2017. It is aimed at improving access to mental health support for general practitioners and trainee GPs. The induction and refresher scheme will be revamped to speed up the</p>	<p>JE</p>

	<p>time it takes for GPs to return to practice in England</p> <p>GP Resilience Fund – the programme is investing £40m over next 4 years. This programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. Practices have been identified and may also self-refer onto the Programme by 13 October although there will be opportunities in future years of the programme. Two Norwich practices were placed on the scheme either through self-referral or other referral. Funding for next year is £1.2m.</p> <p>AMS Scheme - A work plan has been established to ensure a consistent approach is being taken to address commissioning and monitoring of services such as these. A project team has been set up to develop commissioning plans across the system. A draft service specification was shared with providers at a market event in mid-August 2016. Resources have been found to push this forward East wide.</p> <p>A discussion took place on the scheme and it was agreed to bring the Service specs/AMS time and PID to next meeting for consideration.</p> <p>Action: Service Spec/AMS timeline and PID to next meeting for consideration.</p> <p>Capita – Ongoing issues remain a concern for NHS England. Performers list - an agreement has been reached to ensure that all trainees will be on the list by the end of October and the individuals will receive an email to confirm and will be followed up by a formal letter.</p> <p>Andrew Pike has met with Capita to work through the issues that have been highlighted to seek assurance. The two main issues have been the performers list and the movement of patient records.</p> <p>The committee noted the report.</p>	AP
8.	<p>Finance Report</p>	
	<p>MT presented the finance report and highlighted the following:</p> <p>In 2016/17 joint commissioning arrangements are limited to general practice services. The following report provides an overview of the budgets associated with Norwich CCG and the context within the overall Primary Care Medical financial position. Future period reporting will focus on information around year to date and year end forecasts. All detail is dependent upon the accuracy of the coding within the financial system.</p> <p>The vast majority of the GP contracting budgets within East are allocated at specific practice level therefore it is possible to reflect these accurately at a CCG level. Where this is not the case or relates to non-GP providers which are not directly linked to geographical areas apportionment methodologies have had to be adopted the majority of which is based upon contractor weighted populations.</p> <p>Enhanced Services are budgeted on the basis of historic achievement for the ad-hoc smaller payments or recognising the potential full achievement for those which are list size/patient driven for the practices that have signed up to the particular SLAs, e.g. extended hours and avoiding unplanned admissions. Payment is based upon achievement so variances can exist from budget. Practices had a deadline of the end of June to register for 2016-17 enhanced services.</p>	

	<p>Quality outcomes Framework (QOF) aspiration payments are based upon 70% of the previous year's achievement adjusted for year on year points and price changes. Budgets are set in line with this and pro rata to reflect final forecast achievement. As payment is based upon achievement this means that the CCG may have a financial risk or benefit depending on future practice achievement.</p> <p>Other GP Services effectively contain all other expenditure items not already captured the main budget and expenditure fields at practice level are around Professional fees, prescription charges and levies.</p> <p>Material items which are not easily identifiable at a practice level because they are paid direct to other organisations are as follows. For these items assumptions have been made around apportionment methodologies.</p> <ul style="list-style-type: none"> • Clinical Waste • Discretionary Payments budgets • Other GP Related services such as Occupational Health contracts • Procurement Support • GP Suspension Budget • Translation Services <p>QIPP targets associated with GP contracting are contained within the current indicative figures where appropriate and delivery will form part of future monitoring reports.</p> <p><u>Period 6 Budget Monitoring</u></p> <p>For future meetings the board can expect to receive a financial performance summary detailing year to date variances. Identifying at practice level; risks, mitigations and forecast out-turn positions. This will be taken from the most recently available budget monitoring reports.</p> <p>This report provides an update on the financial performance against Primary Care Medical budgets of member practices as at Period 6 (September 2016). The following provides a summary of the expenditure to date versus the detailed budgets associated with the CCGs GP Practices and context within the East Anglia area.</p> <p>The CCG has been allocated shares of budgets not held at practice level, earmarked reserves and contingencies. These budgets are currently not shown within the year to date position; work is underway to support CCG specific reporting against these budgets.</p> <p>There is currently no anticipated year-end over spend against practice budgets and no expected pressure against those not allocated at a practice level.</p> <p>At period 6 the practices within the Norwich CCG were reporting a £37k year to date underspend. Within other – GP Services the individual practice payment deductions that support the voluntary and statutory levies have not been matched correctly against the pay overs, this error should be corrected for period 7 and show a variance much closer to Zero. Within Premises cost reimbursements there is a practice that received one-off cost assistance of £20k to move to new premises. Within Contractual payments there is a YTD saving reflected but this will be corrected by a budget adjustment in period 7 to reflect PMS Review funding to be withdrawn from a practice.</p> <p>The committee noted the month 6 financial position.</p>	
9.	Primary Care Workplan	
	AP reported that the original workplan had been shared at a previous meeting and had been reviewed internally and there is currently no variation from the previous report.	

10.	<p>Premises Update</p>	
	<p>Primary Care Infrastructure Fund (PCIF) PCIF has been renamed 'Estates and Technology Transformation Fund' (ETTF). All CCG's have submitted their estates and technology bids onto the portal, which is now closed. Bids had to be in line with Strategic Estates Plans, supported in principle by the CCG and prioritised. Submitted bids were reviewed by NHS England in July and recommendations sent to the NHS England national team. Due diligence can now commence for Cohort 1 projects. NHSE are requesting Project Initiation Documents ("PIDs") for all schemes designated as "Cohort 1", which are those projects which can be completed by the end of March 2017. Bids that are supported in principle will be subject to due diligence before final approval is given for a scheme/project to proceed.</p> <p>Other Premises Developments There are no live Norwich CCG bids requiring NHS capital funding within the current pipeline. However there are 3 schemes for new builds utilising Third Party Development funding. Timberhill Practice and Yare Valley Practice schemes are now complete, but are awaiting post project review. A scheme for the re-provision of the Castle Partnership is currently at FBC stage (received but awaiting approval).</p> <p>The committee noted the report.</p>	
11.	<p>Primary Care Report</p>	
	<p>JE gave an update to the meeting:</p> <p>Delegated Commissioning process – proposal in conjunction with other CCGs went to each Governing Bodies and to NCCG Council of members to sign off. The CCG will work with other CCGs to put in an application by the end of December, but is subject to a process of due diligence.</p> <p>The proposal was approved at the governing body and supported by the Council of Members. A further update will go to the February meetings to seek assurance.</p> <p>Norwich Practices to work more collaboratively to form an alliance and the leadership group recommended to the Council of Members they progress as a collective of all Norwich Practices. A vote has gone out to all practices to confirm their agreement to an alliance and responses to be received by the 7th November.</p> <p>Proposals being worked on for the PMS release monies and is not practice specific.</p> <p>Multi Community Specialist Provider (MCP) – is the model of preference for Norwich and the Norfolk CCGs and is in the early stages.</p> <p>Roundwell Practice application – plans are going forward.</p> <p>Enhanced care in care homes – aligning with national programme.</p>	
	<p>Date of Next Meeting – 15th December, 2 – 4pm</p>	

Minutes of the meeting agree as an accurate record and signed by the Chair

Signed:

Date:

List of Acronyms – Meeting 27th October 2016

NCCG	Norwich Clinical Commissioning Group
CCG	Clinical Commissioning Group
ToR	Terms of Reference
QOF	Quality & Outcomes Framework
ETTF	Estates & Technology Transformation Fund
GP	General Practitioner
PCSE	Primary Care Support England
NHSE	National Health Service England
NNMCLB	Norwich New Models of Care Leadership Board
PSRC	Pharmaceutical Services Regulations Committee
PCCPMG	Primary Care Commissioning Performance Management Group
PMS	Personal Medical Services
BCV	Bowthorpe Care Village
MCP	Multi-Speciality Community Provider
NNUH	Norfolk & Norwich University Hospital
NCH&C	Norfolk Community Health & Care
NSFT	Norfolk & Suffolk Foundation Trust
NCC	Norfolk County Council
PID	Project Initiation Documents
AMS	Acute Medical Service
DES	Direct Enhanced Service