

Primary Care Joint Commissioning Committee

Minutes of meeting held on 25th August 2016
10.00 – 12 noon, Westwick Room, City Hall, Norwich

	<p>Present</p> <p>Irene Macdonald, Lay Member (Chair), NCCG Amanda Carver, Assistant Director, Primary Care, NCCG James Elliott, Director of Clinical Transformation, NCCG John Ingham, Chief Finance Officer, NCCG Paul Fisher, Lay Member, Audit & Governance, NCCG Alex Stewart, CO, Healthwatch Fiona Theodom, Head of Contracts, NHSE Tracy Lewis, Interim Assistant Head of Finance (Director Commissioning), NHSE</p> <p>In Attendance:</p> <p>Chris Turner, Clinical Quality Patient Safety Manager Carl Gosling, CSU Liaison and Corporate Governance Manager Jane Bacon, NCCG (minutes)</p> <p>Members of the public</p> <p>Ian Wilson, Practice Manager, Thorpewood Medical Group</p>	
1.	Welcome and Apologies	
	Apologies were received from Karen Watts, Joanna Yellon and Andrea Patman.	
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>There were no conflicts of interest declared.</p> <p>In order to ensure that any conflicts of interest are declared, declaration forms are to be sent to all members of the committee for completion.</p> <p>Action: Conflicts of Interest forms to be sent to members for completion.</p>	JB
3.	Items Exempt Under Freedom of Information Action	
	No Items received.	
4.	Minutes & Action Log from 24th June 2016	
	<p>The minutes of the meeting held on the 24th June were agreed as an accurate record and signed by the chair.</p> <p>Action Log:</p> <p>1. – Guidance on premises – Guidance on premises has been circulated. IM asked if the information would be shared with Primary Care. AC</p>	

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

	<p>confirmed that the CCG would ensure all practices are updated about the processes and changes – Completed.</p> <p>2. – Delegated Authority – TL reported that they were still awaiting the guidance and will formally send to the CCGs once received. NHSE colleagues will support the CCGs in the process. It was noted that meetings are taking place with the CCGs to start to plan. AC reported that internally the CCG is considering governance processes.</p> <p>3. DES - FT to check if the DES has stopped and respond to TW – carried forward to next meeting.</p> <p>Matters Arising</p> <p>5. Committee Membership - IM confirmed that, following the change in terms of reference to include a GP, Practice Manager and another Primary Care clinician, an invitation had been extended to the New Models of Care Leadership Board and a response is awaited.</p>	FT
5.	Chairs Actions	
	No chairs actions to report.	
6.	Questions from the Public	
	No questions raised.	
7.	Primary Care Commissioning Report	
	<p>FT reported on the key areas of work:</p> <p>NHS England had published its plans for primary care – GP Practice Forward View providing investment in primary care for infrastructure, workforce and care redesign. Details of GPFV Resilience Fund programme has been announced and this replaces the Vulnerable Practices Fund</p> <p>NHSE has also announced a new GP indemnity support scheme designed to provide a payment to practices to offset the average indemnity inflation. The scheme will initially run for 2 years before being reviewed. These payments are to contractors - practices - and it is for practices to ensure these benefits are passed one way or another to all GPs working in the practice</p> <p>The configuration of the East Primary Care Team is changing so as to deliver a more efficient way of working and the required running cost efficiency targets through not replacing one of the three Heads of Commissioning roles following the early retirement of the Head of Commissioning for the Central Locality. A new structure is expected to be in place by early Sept 2016. The project team are developing proposals in relation to prioritisation and management of workload. Key areas of work in 2016/17 include:</p> <ul style="list-style-type: none"> • Procurement of APMS contracts where agreement is reached to re-procure services for time limited contracts.(if applicable) • The team support the evolving Joint Commissioning arrangements in place with all CCGs across East. 	

- The team is developing an East wide and Locality specific Work plan through the Primary Care Programme Board.
- National Vulnerable practice pilot Programme
- East-wide review of interpreting services for primary care providers – This is nearly at a place to share with the Joint Commissioning Committee and to agree where the projects might sit.
- East-wide review of Alternative/Special allocation services (for those patients removed from general practice due to violent behaviour).
- To identify existing Occupational Health service providers across East and analyse current service provision and costs and to procure equity of access to Occupational Health services in line with national framework across East from April 2017
- Business as usual activity including QOF, Enhanced Services, relationship management, merger requests, boundary change requests, issuing contract variation notices, APMS contract management and performance.
- The NHSE Primary Care Team also continues to contract manage Pharmacy, Dental and Optometry contracts and procurement projects within those primary care specialties.

Pharmaceutical Services

The Pharmaceutical Services Regulations Committee (PSRC) continues to meet monthly to consider pharmacy applications and matters related to the NHS Pharmaceutical Regulations.

Contractual and quality issues are addressed via the Primary Care Commissioning Performance Management Group (PCCPMG); this group has been superseded by an East-wide Direct Commissioning Oversight Group with effect from May 2016.

Primary Care Services England (transfer from Serco to Capita) - NHS England (East) has met with representatives from PCSE and NHS England Contracts team to discuss the issues and concerns raised by primary care providers during transition to PCSE. This continues to be monitored closely and ongoing concerns escalated to the national team where appropriate.

AS asked if there was any timetable for resolution. FT responded that NHS England are escalating issues on a daily basis to the national team. JE asked if the CCG could help by reaffirming the message to move things forward. FT responded that it is important for practices to keep escalating any issues to the area team.

FT reported that a number of services didn't transfer to Capita and NHSE need to look at those services to see how they will resource.

GP rent reviews – NHSE have recruited an additional resource to the team to undertake the GP rent reviews.

JIng raised issue of Primary Care support services and the issues with the transfer to Capita and asked if we need to formalise as part of the risk register.

Action: JIng to liaise with JC on establishing a risk register.

JIng

8.	<p>Finance Report</p> <p>TL presented the financial performance against GP Primary Care budgets of member practices up to Month 4 (July 2016). In 2016/17 joint commissioning arrangements are limited to general practice services. The report provides an overview of the expenditure to date versus budgets associated with Norwich CCG. Future period reporting will contain more detailed information around year to date expenditure and year end forecasts in line with CCG requirements. All detail is dependent upon the accuracy of the coding within the financial system which is reviewed throughout the year.</p> <p>A detailed report by expenditure type at practice level is produced on a monthly basis for discussion at the next appropriate Joint Committee meeting in the annual meeting calendar. As a result of this monthly review the CCG will note that budgets directly attributable to the practice within the CCG may change month on month as coding becomes more accurate. It is this adjusted coding which will inform any national submission for future delegated co-commissioning budgets. As well as budgets allocated directly to practices the CCG can expect to receive apportioned allocations for services not directly paid to practices but which support GP contract delivery for example, clinical waste and other discretionary payments.</p> <p>Key points to note:</p> <p>Timber Hill is showing a significant overspend. This is attributable to the violent patient scheme, the budget for which is currently sitting within the central budget and this needs to be aligned and coded.</p> <p>Lawson Road surgery is showing a significant underspend for premises and this is attributable to a rates bill that needs to be processed.</p> <p>Work still to be done for the indicative budgets for delegated authority.</p> <p>AC stated that Norwich Practices Health Centre and Rouen House needs to be referred to instead of Timber Hill.</p> <p>AC pointed out that the Castle Partnership is listed as a PMS partnership and asked if this had changed on 1 April. TL confirmed that this will be updated for the next meeting.</p> <p>AC asked TL for a list of current contracts and end dates for the CCG.</p> <p>Action: TL to provide a list of contracts and end dates and return ASAP.</p> <p>PF asked what % is held back for contingency spend.</p> <p>TL responded that 5% of the total spend across the East of England is held back to allow for additional spend throughout the year.</p> <p>A discussion took place on risk share and it was felt that the CCG would like ownership of its own contingency once we move to delegated authority.</p> <p>JIng stated that the Premises cost figure is shown as a negative and asked the reason for this. TL stated that she will look into this and respond.</p>	TL

	<p>Action: TL to respond on Premises costs</p> <p>JIng asked for a paper to come to the next meeting on QOF for the committee to understand what it means. It was noted that QOF is important to a practice as it is 8% of a practice's income and there is a lot of work involved to evidence that the indicators have been met.</p> <p>Action: Paper on QOF to be considered at future meeting.</p>	<p>TL</p> <p>TL</p>
9.	Primary Care Workplan	
	FT reported that NHSE will be in a position to share the Primary Care Workplan at the next meeting.	
10.	PREMISES UPDATE	
	<p>TL reported on the following:</p> <p>There are no live bids relating to Norwich PCT from the 2015/16 PCIF. A bid was originally received relating to a proposed extension at the Castle Partnership, but this was subsequently withdrawn. PCIF has been renamed 'Estates and Technology Transformation Fund' (ETTF). All CCG's have now 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. From Norwich 14 bids were received: 6 for improvements to existing premises, 2 for new builds and 6 for technology schemes. These include a new improvement bid relating to the Castle Partnership. The final first-stage review of bids is currently being completed by the NHS England National team, on the basis of regional recommendations already submitted. The outcome of the initial bid process is expected to be relayed to applicants in September. Bids that are supported will be subject to due diligence before final approval is given for a scheme/project.</p> <p>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.</p> <p>NHSE are hoping to visit CCGs to give a presentation on premises.</p>	
11.	CCG Primary Care Report	
	<p>AC presented the Primary Care report and highlighted the following:</p> <p>The Five Year Forward View - New Models of Care</p> <p>The Norwich New Models of Care Leadership Board (NNMCLB) have shared with the CCG a draft paper which sets out the direction of travel and proposed plan to develop a MCP model for Norwich. It sets out the many capabilities that already function in Norwich which are potential components of a successful MCP.</p> <p>In particular the leadership group has been sanctioned by their member Practices to undertake the following actions within the next 3-6 months:</p>	

1. Meet with the major Norwich stakeholders (NNUH, NCH&C, NSFT, IC24/111 and NCC) to agree a collaborative vision of transformation in Norwich.
2. Create task and finish groups that will advance the fundamental components of the plan:
 - a. Information technology
 - b. Primary-care support unit
 - c. Education
 - d. Mental health provision
 - e. Finances
3. Create an achievable timescale implementation plan, which would allow creation of a Norwich MCP within the next 18 months.

As previously reported the Leadership Board have appointed a transformation manager, and work is underway to identify clinical and managerial leads for each of the task and finish groups identified above.

Enhanced Care in Care Homes

Through May to July, on-site providers at Bowthorpe Care Village (BCV) have worked to finalise arrangements for 'bedding in' service delivery, as the mobilisation period ceases.

This included several focused pieces of work finalising some operational details, and planned activities around staff training have commenced, including upskilling Nurse Care staff in order to alleviate pressures on Community Nursing & Therapy staff.

In recognition of the 'exemplar' provision BCV aims to deliver, there are several concurrent work streams to ensure;

- BCV establishes itself as a community Dementia 'hub'
- Hospital admission & discharge processes are managed proactively – with MDT case management upon discharge.
- Roll out of BCV 'in-house' training programme for falls awareness & prevention
- Preparatory work for a discreet piece of Dementia screening work for all BCV residents

Throughout the service pilot at BCV, there is a defined process for gathering patient feedback, to ensure best practice is monitored. 'Baseline' data for the service pilot was gathered from the residents of the 4 Nurse Care homes that closed in April/May 2016. This feedback has been compiled by NCCG's engagement manager & will be reported to the Care Homes Programme Board in August.

Care Homes Programme Board - within Norwich (and across Norfolk) there

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