

## JOINT COMMISSIONING COMMITTEE

<b>MEETING:</b>	Third Meeting in Public of the Joint Commissioning Committee
<b>MEETING DATE:</b>	Thursday 13 August 2015
<b>VENUE:</b>	Board Room, Health Place, Brigg
<b>TIME:</b>	13:15

### PRESENT:

NAME	TITLE	SERVICE/AGENCY
Ian Reekie ( <i>IR</i> )	Chair/CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Dr Margaret Sanderson ( <i>MS</i> )	CCG Chair/General Practitioner <i>Not in attendance for Item 5.1</i>	NHS North Lincolnshire CCG
Dr Andrew Lee ( <i>AL</i> )	CCG Member/General Practitioner <i>Not in attendance for Items 5.1 and 9.1</i>	NHS North Lincolnshire CCG
Therese Paskell ( <i>TP</i> )	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Caroline Briggs ( <i>CB</i> )	Director of Commissioning	NHS North Lincolnshire CCG
Catherine Wylie ( <i>CW</i> )	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Paul Evans ( <i>PE</i> )	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Professor John Mayberry ( <i>JM</i> )	Secondary Care Doctor	NHS North Lincolnshire CCG
Frances Cunning ( <i>FC</i> )	Director of Public Health	North Lincolnshire Council
Mark Janvier ( <i>MJ</i> )	Head of Operations and Delivery	NHS England – North (Yorkshire and the Humber)
Julia Pollock ( <i>JuP</i> )	Chair	Healthwatch North Lincolnshire

### IN ATTENDANCE:

Clare Smith ( <i>CS</i> )	PA ( <i>Note Taker</i> )	NHS North Lincolnshire CCG
John Pougher ( <i>JoP</i> )	Assistant Senior Officer, Quality & Assurance <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Julie Killingbeck ( <i>JK</i> )	Relationship Manager <i>In attendance for Item 5.1 only</i>	NHS North Lincolnshire CCG

### APOLOGIES:

NAME	TITLE	SERVICE/AGENCY
Allison Cooke ( <i>AC</i> )	Chief Officer	NHS North Lincolnshire CCG
Zena Robertson ( <i>ZR</i> )	Deputy Director of Nursing	NHS England – North (Yorkshire and the Humber)

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY</b>		
IR welcomed all attendees to the third meeting 'in public' of the Joint Commissioning Committee. It was noted that the meeting was a meeting in public, and not a public meeting, therefore there was	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>no public question time as part of the agenda. It was highlighted that any questions could be raised at the CCG Governing Body meeting, as part of public question time, at 14:00. Apologies were noted, as detailed above. It was noted that the meeting was quorate to proceed.</p>		
<b>2.0 DECLARATION OF INTERESTS</b>		
<p>IR invited those with any Declarations of Interest in relation to the agenda or not previously declared, to make them known to the meeting.</p> <p>MS and AL declared an interest specifically in relation to Item 5.1 (Elderly Care Fund Update: Community-based Comprehensive Geriatric/Falls Prevention Service). The recommendation in the report was to approve the award of contract to Safecare Network Limited. It was noted that both MS and AL were GP partners in practices that were part of Safecare Network Limited. It was agreed that MS and AL would leave the room for the discussion.</p> <p>AL declared an interest specifically in relation to Item 9.1 (NHS England Update: PMS Uplift), as a GP partner of West Common Lane Teaching Practice, one of the local PMS providers. It was agreed that AL would leave the room for the discussion.</p>	<b>Decision:</b> Noted	Chair
<b>3.0 MINUTES OF THE MEETING HELD ON 11 JUNE 2015</b>		
The minutes were accepted as an accurate record of the meeting.	<b>Decision:</b> Noted	Chair
<b>4.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
It was noted that the actions highlighted on 11 June 2015 had been completed, and were picked up via the agenda.	<b>Decision:</b> Noted	Chair
<b>5.0 COMMISSIONING</b>		
<b>5.1 ELDERLY CARE FUND UPDATE: COMMUNITY-BASED COMPREHENSIVE GERIATRIC/FALLS PREVENTION SERVICE</b>		
<p>MS and AL declared an interest in relation to Item 5.1 (Elderly Care Fund Update: Community-based Comprehensive Geriatric/Falls Prevention Service). The recommendation in the report was to approve the award of contract to Safecare Network Limited. It was noted that both MS and AL were GP partners in practices that were part of Safecare Network Limited. It was agreed that MS and AL would leave the room for the discussion. MS and AL left the room for Item 5.1.</p> <p>JK presented Item 5.1 and the report was taken as 'read'. At the meeting held on 11 June 2015, the Joint Commissioning Committee approved further work to finalise a service specification for a comprehensive community based geriatric/falls prevention service to be funded through the Elderly Care Fund budget, along with consideration of how best to achieve deliverability of the service outcomes.</p> <p>The report provided an update on progress made on the development of the comprehensive community based geriatric/falls prevention service specification; it also detailed the preferred option to achieve deliverability of the proposed new service model and outcomes.</p> <p>The Joint Commissioning Committee was asked to note and receive</p>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Noted and received the update</li> <li>• Approved the award of the comprehensive geriatric service contract to Safecare Network Limited</li> </ul>	RM

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<p>the update, and approve the award of the comprehensive geriatric service contract to Safecare Network Limited.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• The service is to be funded through the Elderly Care Fund budget, which is approximately £5 per head of population. This budget has to be targeted to support care of the elderly (aged 75 years and over) in primary care settings. The budget for this equates to £2 per head of population; the remaining £3 per head of population funds the enhanced service specification for the Elderly Care Fund in primary care, which all practices have signed up to</li> <li>• It was queried whether patients over 75 were aware that they had been allocated a named accountable GP <ul style="list-style-type: none"> <li>○ It was confirmed that in December 2013, NHS England published 'Everyone Counts: Planning for Patients 2014/15 to 2018/2019'. This document detailed the government's commitment to a specific focus during 2014/2015 on those patients aged 75 and over and those with complex needs. The new GP contract for 2014/2015 secured specific arrangements for all patients aged 75 and over to have a 'named accountable GP', and for those patients who need it to have a comprehensive and co-ordinated package of care developed</li> <li>○ To date, practices have informed all their patients aged 75 years and over of their named accountable GP, via letter. Practices have established systems to ensure that processes are in place to identify those patients reaching 75 years during each month, and inform them of their named accountable GP</li> </ul> </li> <li>• It was suggested that other bodies could perhaps help in publicising the role of the 'named accountable GP' <ul style="list-style-type: none"> <li>○ The role of local Parish Councils was discussed. JuP advised that Healthwatch North Lincolnshire had funding to work with Parish Councils, and this could be explored</li> <li>○ It was highlighted that there may be patients who are unable to read, so may not be aware of the content of the letter</li> <li>○ It was noted that North Lincolnshire Council Community Wellbeing Hubs were available in Scunthorpe, Barton, Brigg and the Isle of Axholme to provide advice and support</li> </ul> </li> <li>• Key Performance Indicators (KPI) (page 5) <ul style="list-style-type: none"> <li>○ The service will be monitored and evaluated against Key Performance Indicators (KPIs) included in the specification <ul style="list-style-type: none"> <li>▪ It was queried whether too many KPIs had been identified</li> <li>▪ Discussion took place regarding outcome based and activity based KPIs</li> </ul> </li> </ul> </li> </ul>		

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<ul style="list-style-type: none"> <li>• Deliverability (page 5)               <ul style="list-style-type: none"> <li>○ It was queried whether accounts from Safecare Network Limited would be available. It was confirmed that there would not be a requirement for accounts to be submitted to the CCG, but reports would be presented to the Joint Commissioning Committee, to ensure the identified funding is being spent as approved</li> </ul> </li> </ul>		
<b>6.0 FINANCE</b> <b>6.1 FINANCE REPORT: QUARTER 1 2015/2016 - OUTTURN</b>		
<p>TP presented Item 6.1 and the report was taken as 'read'. At the previous meeting on 11 June 2015, detailed primary care budgets were shared for all the CCG's practices in North Lincolnshire for 2015/2016. The report provided the first summary indication of the financial performance achieved against these budgets for the three months ending 30 June 2015. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• TP advised that the CCG Primary Care Expenditure Enhanced Services Breakdown 2015/2016: Quarter 1 had not been included in the report, and would be shared with the Joint Commissioning Committee in due course</li> <li>• Grand Total: Year to Date: April to June 2015               <ul style="list-style-type: none"> <li>○ Total budget = £5,369,030</li> <li>○ Actual = £5,319,745</li> <li>○ Variance = £49,285                   <ul style="list-style-type: none"> <li>▪ It was queried why there was a £49,285 underspend. TP confirmed that the underspend was a contingency amount held by NHS England for use in-year if required</li> </ul> </li> </ul> </li> <li>• Budget Line 2d: Other Primary Care Clinical Expenditure: Other GP Services (Seniority, Locum Cover etc.)               <ul style="list-style-type: none"> <li>○ Budget = £100,182</li> <li>○ Actual = £81,052</li> <li>○ Variance = £19,130                   <ul style="list-style-type: none"> <li>▪ It was queried why there was a variance of £19,130. TP agreed to confirm at the next meeting</li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Reviewed and noted the Finance Report: Quarter 1 2015/2016</li> </ul> <p><b>Action:</b> TP to circulate the CCG Primary Care Expenditure Enhanced Services Breakdown 2015/2016: Quarter 1</p> <p><b>Action:</b> TP to confirm the reason for the variance on budget line 2d at the next meeting</p>	CFO&BS
<b>7.0 PERFORMANCE</b> <b>7.1 PRACTICE PROFILES</b> <b>7.2 PRIMARY CARE PERFORMANCE DASHBOARD</b> <b>7.3 OTHER PERFORMANCE DATA CURRENTLY COLLECTED (E.G. NATIONAL PATIENT EXPERIENCE SURVEY/DEMENTIA DIAGNOSIS ETC.)</b> <b>7.4 LOCAL MEASURES FOR DEVELOPMENT (INCLUDING DEMAND DATA/STAFFING LEVELS ETC.)</b>		
<p>TP presented Item 7.1 to 7.4 and the report was taken as 'read'. It was proposed that the Primary Care Performance Dashboard would provide (subject to on-going development and feedback) a key element of a dedicated performance reporting and assurance framework for primary care.</p> <p><b>7.1: Practice Profiles</b> It was noted that the Practice Profiles could not be used for reports</p>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Reviewed and noted the Primary Care Performance Dashboard</li> <li>• Suggested local measures to be developed</li> </ul> <p><b>Action:</b> Practice Profile information to be investigated</p>	CFO&BS

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<p>in the public domain, as the information had been shared as 'restricted for internal NHS use only'. It was agreed that this should be investigated further, and the information shared in 'private' if necessary in the future.</p>	<p>further by Jason Coombs, Relationship Manager</p>	<p>RM</p>
<p><b>7.2: Primary Care Performance Dashboard – NHS England Indicator Summary</b> Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Discussion took place regarding the use of indicator outliers. It was noted that each practice with outlying indicators was greater than two standard errors from the national mean <ul style="list-style-type: none"> <li>○ It was suggested that more work was required to determine what is a genuine outlier position, rather than using standard deviations from the mean</li> </ul> </li> <li>• It was requested that a 'measurement key/legend' should be added to the Dashboard to explain what the numbers represent <ul style="list-style-type: none"> <li>○ MJ advised that the definitions were available on the Primary Care Web Tool</li> <li>○ Jason Coombs, Relationship Manager to liaise with NHS England in order to include a definition list</li> </ul> </li> <li>• It was suggested that the colours used in the pie chart should be changed, as it was difficult to distinguish between the different shades of blue/grey</li> </ul>	<p><b>Action:</b> Jason Coombs, Relationship Manager to liaise with NHS England, in order to pick up the suggested amendments</p>	<p>RM</p>
<p><b>7.3: Other Performance Data Currently Collected</b> Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• It was requested that there should be an explanation if data boxes are left blank <ul style="list-style-type: none"> <li>○ It was noted that the blank boxes in the 'Practice Friends and Family Test % would recommend' column related to a less than five responses submission</li> <li>○ The full GP Friends and Family Test results report and the GP Patient Survey results to be presented at the next meeting on 8 October 2015</li> </ul> </li> <li>• The figures in red text were highlighted. It was queried how they had been calculated. It was agreed that a note should be added as explanation</li> <li>• Secondary Care Utilisation 2014/2015 rate per 1000 <ul style="list-style-type: none"> <li>○ It was queried whether previous figures could be added to show the comparison as to how secondary care is being utilised year on year</li> </ul> </li> </ul>	<p><b>Action:</b> Jason Coombs, Relationship Manager and Emma Munday, Business Intelligence Manager to pick up the suggested amendments</p> <p><b>Action:</b> The highlighted reports to be presented to the next Joint Commissioning Committee meeting on 8 October 2015</p>	<p>RM BIM</p> <p>Chair</p>
<p><b>7.4: Local Measures for Development</b> Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Staffing Levels <ul style="list-style-type: none"> <li>○ Discussion took place regarding staffing levels in primary care. It was agreed to collate any information received from Health Education England, to start developing this area</li> </ul> </li> <li>• Secondary Care activity for 2015/2016</li> </ul>	<p><b>Action:</b> IR and CW to investigate primary care staffing levels</p> <p><b>Action:</b> Jason Coombs,</p>	<p>Chair DoR&amp;QA</p> <p>RM</p>

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<ul style="list-style-type: none"> <li>○ It was agreed to add activity in order to highlight improvements as a result of the Better Care Fund (BCF) and Healthy Lives, Healthy Futures (HLHF), going forward</li> </ul>	Relationship Manager and Emma Munday, Business Intelligence Manager to pick up	BIM
<b>8.0 QUALITY</b> <b>8.1 PATIENT PARTICIPATION CONTRACT COMPLIANCE</b>		
<p>CW presented Item 8.1 and the report was taken as 'read'. The report provided an overview of the compliance of the nineteen North Lincolnshire GP practices with the patient participation requirements contained in the 2015/2016 GP contract. The report also identified any practices requiring support to meet contractual requirements or to further develop their patient participation groups (PPGs).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Over the past eighteen months the CCG has been working closely with Healthwatch North Lincolnshire on the delivery of a support programme for patient participation groups (PPGs) in GP practices. This has included:                             <ul style="list-style-type: none"> <li>○ Quarterly meetings of PPG chairs</li> <li>○ The production of a PPG induction pack</li> <li>○ The delivery of PPG development sessions</li> <li>○ The promotion of a conference for all North Lincolnshire PPG members to be held on 27 October 2015                                     <ul style="list-style-type: none"> <li>▪ IR thanked JuP for her work in relation to the support programme</li> <li>▪ The Joint Commissioning Committee welcomed the report</li> </ul> </li> <li>○ A new patient participation clause has been included in the core GP contract with effect from 1 April 2015</li> </ul> </li> <li>• Eighteen of the nineteen practices have some form of PPG in place                             <ul style="list-style-type: none"> <li>○ The Barnetby Medical Centre has not developed a PPG, but the practice manager is taking steps to establish one</li> <li>○ The PPGs at the Church Lane Medical Centre and the Kirton Lindsey Surgery have only recently become fully established, and support is being offered by the CCG and Healthwatch North Lincolnshire</li> <li>○ It was noted that there is no requirement for PPGs to meet face to face, and several practices have wholly virtual groups or virtual groups to supplement face to face meetings                                     <ul style="list-style-type: none"> <li>▪ Some concern exists as to whether some of these virtual groups fully meet contractual requirements, and in these cases further assurance will be sought from practice managers, and support will be offered where necessary</li> </ul> </li> <li>○ The completed questionnaires revealed numerous examples of good engagement practice which the CCG will look to share across all GP practices</li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Received and noted the results of the patient participation contract compliance questionnaire survey</li> <li>• Agreed that examples of good patient engagement practices, as revealed in the survey, should be shared across all North Lincolnshire GP practices</li> <li>• Agreed that obvious shortcomings and anomalies would be followed up with individual practice managers</li> <li>• IR would look to offer additional support to improve the effectiveness of PPGs where appropriate, in association with Healthwatch North Lincolnshire</li> </ul>	DoR&QA

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<ul style="list-style-type: none"> <li>○ A number of obvious shortcomings and anomalies are also revealed which will be followed up with individual practice managers. The questionnaire analysis will be shared with CCG chairs to check whether the survey results provide a fair representation from their perspective of the situation in their practices</li> <li>● Membership of the PPGs was discussed, together with timings of meetings, to ensure prospective new members have the opportunity to attend</li> </ul>		
<p><b>9.0 NHS ENGLAND</b> <b>9.1 UPDATE</b></p>		
<p>AL declared an interest specifically in relation to Item 9.1 (NHS England Update: PMS Uplift), as a GP partner of West Common Lane Teaching Practice, one of the local PMS providers. It was agreed that AL would leave the room for the discussion. AL left the room for Item 9.1.</p> <p>MJ presented Item 9.1 and the report was taken as 'read'. The report updated the Joint Commissioning Committee on outstanding matters pertaining to primary medical care within North Lincolnshire, and presented two items for a decision to be made. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>● <b>Contract Issues</b> <ul style="list-style-type: none"> <li>○ <b>Notional rent, rates and utility reimbursements for Bridge Street Surgery, Brigg</b> <ul style="list-style-type: none"> <li>▪ Bridge Street Surgery in Brigg currently operates under a General Medical Services contract. Under this contract the practice is entitled to a reimbursement for their notional rent, rates and utility bills associated with the practice premises</li> <li>▪ Notional rent increase per annum = approximately £6,150</li> <li>▪ Rates increase = approximately £1,700</li> <li>▪ Utility bills = approximately £100</li> <li>▪ Any increases to premises costs are funded through NHS England budgets, and the amount suggested would need to be identified from the Primary Care budgets. Due to the fact that the space is now utilised for General Medical Services, it is recommended that the request is approved</li> </ul> </li> </ul> </li> <li>● <b>Personal Medical Services (PMS) Uplift</b> <ul style="list-style-type: none"> <li>○ Each year the Doctors and Dentists Review Body (DDRB) advises Government on rates of pay for Doctors and Dentists. For GMS contract holders, once accepted the changes to pay rates are applied automatically</li> <li>○ For Doctors who hold locally negotiated PMS contracts, the commissioner makes the decision whether to apply the recommendations to local</li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>● Considered and approved the request from Bridge Street Surgery for the increase to their notional rent and associated costs</li> </ul> <p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>● Approved the uplift to PMS contracts in accordance with the recommendations of the Doctors and Dentists Review Body</li> </ul>	<p>HoO&amp;D</p>

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<p>contracts. It is usual to accept the recommendations</p> <ul style="list-style-type: none"> <li>○ 2015/16 DDRB Recommendation <ul style="list-style-type: none"> <li>▪ The DDRB recommended an increase of £2.21 per weighted patient for GMS practices; this is made up of £1.25 for inflation, £0.41 for the reinvestment of de-commissioned enhanced services (patient participation and alcohol) and £0.55 for Minimum Practice Income Guarantee (MPIG) re-investment. Therefore they have recommended that PMS contracts are uplifted by £1.66, being the £1.25 inflationary uplift and the reinvestment of enhanced services of £0.41. The MPIG element does not apply to PMS contracts</li> </ul> </li> <li>○ Financial Implications <ul style="list-style-type: none"> <li>▪ The PMS review process set the baseline payment of £79.15 per weighted patient for the year commencing 1st April 2015. The inclusion of the DDRB uplift takes this to a value of £80.81</li> <li>▪ The table below shows the additional resources required to implement the uplift, this is funded through growth allocations that NHS England received</li> </ul> </li> </ul> <table border="1" data-bbox="480 1184 855 1321"> <thead> <tr> <th>Weighted List as at 01/04/15</th> <th>Uplift of £1.66</th> </tr> </thead> <tbody> <tr> <td>11,310.53</td> <td>£18,775.48</td> </tr> </tbody> </table>	Weighted List as at 01/04/15	Uplift of £1.66	11,310.53	£18,775.48							
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11,310.53	£18,775.48										
<b>10.0 ANY OTHER BUSINESS</b> <i>Urgent Items by Prior Notice</i>											
Nothing discussed.	<b>Decision:</b> Noted	Chair									
<b>11.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>											
<table border="1" data-bbox="193 1520 935 1603"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> </tr> </thead> <tbody> <tr> <td>Thursday 8 October 2015</td> <td>13:00</td> <td>Board Room, Health Place, Brigg</td> </tr> <tr> <td>Thursday 10 December 2015</td> <td>13:00</td> <td>Board Room, Health Place, Brigg</td> </tr> </tbody> </table>	Date	Time	Venue	Thursday 8 October 2015	13:00	Board Room, Health Place, Brigg	Thursday 10 December 2015	13:00	Board Room, Health Place, Brigg	<b>Decision:</b> Noted	Chair
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Thursday 8 October 2015	13:00	Board Room, Health Place, Brigg									
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