


<b>MEETING DATE:</b>	11 February 2016	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 8.7	
<b>AUTHOR:</b>	Ian Reekie	
<b>JOB TITLE:</b>	Chair of the Joint Commissioning Committee	
<b>DEPARTMENT:</b>	CCG	

**JOINT COMMISSIONING COMMITTEE MINUTES  
8 OCTOBER 2015**

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	The Joint Commissioning Committee approved the minutes on 14 January 2016.
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

<b>1. PURPOSE OF THE REPORT:</b>					
The Joint Commissioning Committee minutes dated 8 October 2015 are attached for the CCG Governing Body to receive and note, for information only.					
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>					
Continue to improve the quality of services	<b>X</b>				
Reduce unwarranted variations in services	<b>X</b>				
Deliver the best outcomes for every patient	<b>X</b>				
Improve patient experience	<b>X</b>				
Reduce the inequalities gap in North Lincolnshire	<b>X</b>				
<b>3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP</b>					
The Joint Commissioning Committee minutes provide assurance to the CCG Governing Body that the committee is carrying out its function.					
<b>4. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>					
<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td><b>X</b></td> </tr> </table>	Yes		No	<b>X</b>	
Yes		No	<b>X</b>		

**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	X
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**6. LEGAL IMPLICATIONS:**

Yes		No	X
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**7. RESOURCE IMPLICATIONS:**

Yes		No	X
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**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	X
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**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	X
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**10. RECOMMENDATIONS:**

The CCG Governing Body is asked to: -

- Receive and note

## JOINT COMMISSIONING COMMITTEE

<b>MEETING:</b>	Fourth Meeting in Public of the Joint Commissioning Committee
<b>MEETING DATE:</b>	Thursday 8 October 2015
<b>VENUE:</b>	Board Room, Health Place, Brigg
<b>TIME:</b>	13:15

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Ian Reekie ( <i>IR</i> )	Chair/CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Dr Andrew Lee ( <i>AL</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke ( <i>AC</i> )	Chief Officer	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
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 Cuning ( <i>FC</i> )	Director of Public Health	North Lincolnshire Council
Dr Wendy Barker ( <i>WB</i> )	Deputy Director of Nursing	NHS England – North (Yorkshire and the Humber)
<b>IN ATTENDANCE:</b>		
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
Helen Phillips ( <i>HP</i> )	Assistant Primary Care Contract Manager <i>In attendance for all items, on behalf of Mark Janvier</i>	NHS England – North (Yorkshire and the Humber)

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson ( <i>MS</i> )	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Catherine Wylie ( <i>CW</i> )	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
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

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY</b>		
IR welcomed all attendees to the fourth 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 no public question time as part of the agenda. It was highlighted	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD				
<p>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. No declarations were received.</p> <p>IR welcomed Dr Wendy Barker, Deputy Director of Nursing, NHS England – North (Yorkshire and the Humber) to her first meeting. It was noted that Dr Barker and Mark Janvier, Head of Operations and Delivery, NHS England – North (Yorkshire and the Humber) would be the NHS England representatives, at future meetings.</p> <table border="1" data-bbox="193 768 935 853"> <thead> <tr> <th data-bbox="193 768 440 824">Joint Commissioning Committee Member</th> <th data-bbox="440 768 935 824">Declaration of Interests</th> </tr> </thead> <tbody> <tr> <td data-bbox="193 824 440 853">Dr Wendy Barker</td> <td data-bbox="440 824 935 853"> <ul style="list-style-type: none"> <li>No Declaration</li> </ul> </td> </tr> </tbody> </table>	Joint Commissioning Committee Member	Declaration of Interests	Dr Wendy Barker	<ul style="list-style-type: none"> <li>No Declaration</li> </ul>	<p><b>Decision:</b> Noted</p>	<p>Chair</p>
Joint Commissioning Committee Member	Declaration of Interests					
Dr Wendy Barker	<ul style="list-style-type: none"> <li>No Declaration</li> </ul>					
<b>3.0 MINUTES OF THE MEETING HELD ON 13 AUGUST 2015</b>						
<p>The minutes were accepted as an accurate record of the meeting.</p> <p><b>Item 7.2: Primary Care Performance Dashboard – NHS England Indicator Summary (page 5)</b></p> <p>PE queried the use of the term ‘standard errors’ from the national mean, and whether it should be ‘standard deviations’. It was highlighted that the term ‘standard errors’ had been used in the minutes, as it was used in the commentary in the report. When the discussion took place during the meeting, the term ‘standard deviations’ had been used.</p>	<p><b>Decision:</b> Noted</p>	<p>Chair</p>				
<b>4.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>						
<p>It was noted that the actions highlighted on 13 August 2015 had been completed, and were picked up via the agenda.</p>	<p><b>Decision:</b> Noted</p>	<p>Chair</p>				
<b>5.0 PERFORMANCE</b>						
<b>5.1 PRIMARY CARE PERFORMANCE DASHBOARD</b>						
<b>5.2 IPSOS MORI GP PATIENT SURVEY: JULY 2015</b>						
<p><b>Item 5.1: Primary Care Performance Dashboard</b></p> <p>TP presented Item 5.1 and the report was taken as ‘read’. The primary care performance dashboard provided (subject to on-going development and feedback) a key element of a dedicated performance reporting and assurance framework for primary care.</p> <p>The dashboard was populated with General Practice high level indicators and CCG performance measures which form part of the Primary Medical Services Assurance Framework. The performance data used had been taken from the Primary Care Web Tool.</p> <p>The dashboard indicators (part 1) had been grouped into five NHS outcome framework domains. Where a practice outlier exists from the national average, this would be highlighted in red by GP practice. The indicators in part 1 had not been updated from the August meeting, as they are updated every six months by NHS England, the next update would be in December.</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 report</li> </ul> <p><b>Action:</b> Amendments to be made to future reports, as highlighted/identified</p>	<p>CFO&amp;BS</p>				

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>GP practice development plans are produced, supported by the CCG and NHS England, using the underlying indicators within the dashboard.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• It was queried whether the 'current domain indicator details' that had been attached as an appendix could be incorporated into the report</li> <li>• The Primary Care Web Tool has been developed to support the delivery of primary medical services <ul style="list-style-type: none"> <li>○ Indicators are grouped across the NHS Outcome Framework domains</li> <li>○ The tool has identified three North Lincolnshire practices that have six or more outlying indicators from the five domains <ul style="list-style-type: none"> <li>▪ Discussion took place regarding action to be taken by the CCG once six or more outlying indicators are identified</li> <li>▪ It was explained that any highlighted practice information would be triangulated with other intelligence, prior to making contact with the practice</li> </ul> </li> </ul> </li> <li>• Each practice with outlying indicators, are greater than two standard errors from the national mean</li> <li>• Discussion took place regarding the use of the terms 'errors' and 'deviations'. It was suggested that an explanation should be added to future reports</li> <li>• Discussion took place regarding 'unwarranted variation'. It was noted that this would be discussed at the Primary Care Development Group</li> </ul> <p><b>Item 5.2: Ipsos Mori GP Patient Survey: July 2015</b></p> <p>IR presented Item 5.2 and the report was taken as 'read'. The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• The data in the slide pack is based on the July 2015 GPPS publication. This combines two waves of fieldwork, from July to September 2014 and January to March 2015, providing practice-level data</li> <li>• In the NHS North Lincolnshire CCG, 6,139 questionnaires were sent out, and 2,268 were returned completed. This represented a response rate of 37%</li> <li>• The GP Patient Survey measured patient experiences across a range of topics, including: <ul style="list-style-type: none"> <li>○ Making appointments</li> <li>○ Waiting times</li> <li>○ Perceptions of care at appointments</li> <li>○ Practice opening hours</li> <li>○ Out-of-hours services</li> </ul> </li> <li>• The GP Patient Survey provides data at practice level using a consistent methodology, comparable across organisations and over time</li> <li>• The survey has limitations:</li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Received and noted the Ipsos Mori GP Patient Survey: July 2015</li> <li>• Referred the survey results to the CCG Quality Group for further detailed consideration</li> <li>• Agreed that the survey results should be sent to the North Lincolnshire GP Practice Managers and the Patient Participation Group Chairs Group, for information</li> </ul>	<p>Chair</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>○ Sample sizes at practice level are relatively small</li> <li>○ The survey does not include qualitative data which limits the detail provided by the results</li> <li>○ The data is provided twice a year rather than in real time</li> <li>● However, given the consistency of the survey across organisations and over time, GPPS can be used as one element of evidence</li> <li>● It can be triangulated with other sources of feedback, such as from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys</li> <li>● The slide pack is intended to assist this triangulation of data. It aims to highlight where there may be a need for further exploration</li> <li>● Practices and CCGs can then discuss the findings further and triangulate them with other data, in order to identify potential improvements and highlight best practice</li> <li>● Survey results <ul style="list-style-type: none"> <li>○ Overall experience of GP surgery (<i>slides 8 – 12</i>)</li> <li>○ Access to GP services (<i>slides 13 – 19</i>)</li> <li>○ Making an appointment (<i>slides 20 – 27</i>)</li> <li>○ Waiting times at the GP surgery (<i>slides 28 – 30</i>)</li> <li>○ Perceptions of care at patients' last GP appointment (<i>slides 31 – 34</i>)</li> <li>○ Perceptions of care at patients' last nurse appointment (<i>slides 35 – 38</i>)</li> <li>○ Satisfaction with the practice's opening hours (<i>slides 39 – 41</i>)</li> <li>○ Out-of-hours GP services (<i>slides 42 – 44</i>)</li> <li>○ Statistical reliability (<i>slides 45 – 46</i>)</li> </ul> </li> <li>● It was agreed that further triangulation was required to see if the survey highlighted the same practices, as identified in the Primary Care Performance Dashboard</li> </ul>		
<b>6.0 QUALITY</b> <b>6.1 GP FRIENDS AND FAMILY TEST RESULTS</b> <b>6.2 PATIENT PARTICIPATION CONTRACT COMPLIANCE UPDATE</b> <b>6.3 RISK REGISTER</b>		
<p><b>Item 6.1: GP Friends and Family Test Results</b></p> <p>JP presented Item 6.1 and the report was taken as 'read'. The report highlighted the initial results for the North Lincolnshire GP Friends and Family Test 2015. The Friends and Family Test for GPs is part of a national programme designed to enable patients to provide feedback on their experience that can be used to improve services.</p> <p>Participation in the scheme is mandatory for all practices and is part of their contract. Practices that do not submit results or insufficient number of results on a regular basis will be subject to a warning notice and may be deemed to be in breach of contract.</p> <p>NHS England has been collating results for all General Practices since April 2015 (following a trial period). A simple question is asked: 'if the patient is likely to recommend the practice'. The responses are 'Extremely Likely'; 'Likely'; 'Neither Likely nor</p>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>● Received and noted the GP Friends and Family Test Results report</li> </ul>	ASOQ&A

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Unlikely'; 'Unlikely'; 'Extremely Unlikely' or 'don't know'. There should be at least one supplementary question asked by the practice. The follow up supplementary question(s) allows the practice to look at the specific issues raised by service users in detail, and identify actions to make improvements in a swift and effective manner. NHS England is not aware of the supplementary questions being asked by practices.</p> <p>The scores for each practice, in addition to numbers of responses submitted are published on a national public website. Results are not calculated for any practice submitting fewer than 5 responses in any one month period. Practices must also publish their own results locally.</p> <p>The table in the report presented the early results for North Lincolnshire practices. These results are based on an average score over a period of 4 months for submission rates, and an average of 3 months for satisfaction rates. The score for satisfaction is based on percentage of patients who responded as 'extremely likely' or 'likely' to recommend the practice. Satisfaction scores for North Lincolnshire CCG are generally in line with national averages: latest results put the North Lincolnshire CCG score at 91% and the national average at 89%.</p> <p>It was noted that caution must be exercised when interpreting results that deal with small numbers over a short period of time.</p> <p>Whilst the scores are not meant as a 'performance tool', members of the public are advised to take them into account when choosing to join or evaluate a practice.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• It was noted that the GP Friends and Family Test results also formed part of the triangulation process</li> <li>• The imminent deployment of Elephant Kiosks in each GP practice may aid patient participation</li> </ul> <p><b>Item 6.2: Patient Participation Contract Compliance Update</b> IR provided a verbal update. It was noted that over the past 18 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.</p> <p>Eighteen of the nineteen practices have some form of PPG in place. Only the Barnetby Medical Centre has still not developed a PPG, but the practice manager is taking steps to commence one. 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. 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. 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</p>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Noted the verbal update</li> </ul>	<p>Chair</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>support will be offered where necessary.</p> <p><b>Item 6.3: Risk Register</b> TP advised that to date, she had been unable to obtain a primary care specific risk register from NHS England. After discussion it was agreed that an update could be included in the NHS England update report at future meetings.</p>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>Noted the update</li> </ul>	CFO&BS
<p><b>7.0 WORKFORCE</b> <b>7.1 GP PRACTICE CLINICAL WORKFORCE SURVEY</b></p>		
<p><b>Item 7.1: GP Practice Clinical Workforce Survey</b> JP presented Item 7.1 and the report was taken as 'read'. The report provided an overview of the current composition of the general practice clinical workforce, with a view to quantifying the primary care workforce challenges North Lincolnshire is facing. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>Probably the most striking feature of the survey results is the age profile of the clinical workforce. Of the 61.7 whole time equivalent (WTE) GP partners practicing in North Lincolnshire, 23.6 WTE or 38.3% are over the age of 55 with a further 30.9% being over 45. With the current national shortage of GPs the recruitment challenges facing North Lincolnshire practices are therefore likely to escalate in the fairly immediate future. On the plus side, 69.3% of salaried GPs are under the age of 45, but this still means that of the 82.2 WTE GPs permanently practicing in North Lincolnshire 29.9% are over 55 years old. The GP age profile is mirrored among other clinical groups but is generally less pronounced. However of the 53.7 WTE nurse workforce, 27.6% are over the age of 55</li> <li>It was noted that the Healthy Lives, Healthy Futures Workforce Group were looking at workforce information and capacity and demand from <b>all</b> sectors across Northern Lincolnshire</li> <li>It was suggested that a further piece of work in relation to capacity and demand specific to primary care should be considered at a future Joint Commissioning Committee meeting</li> <li>It was highlighted that some practices were unable to access the Primary Care Web Tool Workforce Module, used by practices to input workforce information. It was queried whether the Healthy Lives, Healthy Futures Workforce Group could investigate further</li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>Received and noted the aggregate results of the GP practice clinical workforce survey</li> <li>Referred the practice level data to the Primary Care Development Group and the Healthy Lives, Healthy Futures Workforce and Organisational Development Group for detailed consideration</li> <li>Requested the production of a further report covering other aspects of primary care capacity and demand for consideration at a future meeting</li> </ul>	ASOQ&A
<p><b>8.0 NHS ENGLAND</b> <b>8.1 UPDATE</b></p>		
<p>WB and HP presented Item 8.1 and the report was taken as 'read'. The report updated the committee on outstanding matters pertaining to primary medical care within North Lincolnshire, and presented one item for a decision to be made.</p> <p><b>Request from Cedar Medical Practice to change their practice boundary</b> An application was received from Cedar Medical Practice on 4 August 2015 to change their existing practice boundary as soon as is deemed possible. The application has been requested as the</p>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>Authorised the Joint Committee Chair, the CCG Chief Officer and NHS England to approve the change to the practice boundary once sufficient assurance is received regarding the</li> </ul>	DDoN



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>practice have seen a recent increase in their patient list size of approximately 600 patients, which is affecting the demand on services provided by the practice. The practice feels that by having a clearly demarcated practice boundary it will enable them to help identify those patients who need the most help. The practice have stipulated that in the event of such a boundary change being agreed, current patients registered at the practice who reside outside the proposed boundary will not be affected and that immediate family members of existing patients will still be able to register at the practice.</p> <p>Cedar Medical Practice is based at 275 Ashby Road, Scunthorpe, DN16 2AB and has a branch surgery based at the Ironstone Centre, West Street, Scunthorpe, North Lincolnshire, DN15 6HX.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• All GP practices in North Lincolnshire, the Local Medical Committee (LMC) and Healthwatch have been consulted. Following on from the consultation the only comment received was from Cambridge Avenue Medical Centre who stated that they had no objections to the proposed change</li> <li>• Three nursing or residential homes are affected by the proposal: <ul style="list-style-type: none"> <li>○ Haverholme House, Appleby</li> <li>○ Holly House, Burringham</li> <li>○ Norwood House, Gunness <ul style="list-style-type: none"> <li>▪ It was suggested that the nursing/residential homes should be contacted to see which GP Practices the residents were registered with</li> </ul> </li> </ul> </li> <li>• Other practices within North Lincolnshire which currently include Scunthorpe in their inner practice boundary and are therefore available for new patient registrations are: <ul style="list-style-type: none"> <li>○ Church Lane Medical Centre</li> <li>○ Ancora Medical Practice</li> <li>○ Birches Medical Practice</li> <li>○ West Common Lane Teaching Practice</li> <li>○ Market Hill 8-8</li> </ul> </li> <li>• Recommendation from NHS England <ul style="list-style-type: none"> <li>○ Based on the information, it is apparent that the list size has increased significantly since 2014. There are a number of other GP practices within North Lincolnshire that cover the whole of the Scunthorpe area. On this basis NHS England has no objection to the request, but would recommend that North Lincolnshire CCG considers the highlighted factors and local intelligence and knowledge within the area to decide whether to approve the application</li> </ul> </li> <li>• Discussion took place regarding the closure of the Cauvery Medical Practice on 31 October 2014 <ul style="list-style-type: none"> <li>○ It was agreed that further information was required to compare the practice list movement over the previous year within the Scunthorpe</li> </ul> </li> </ul>	<p>future provision of primary medical services to the nursing/residential care homes currently served by the Cedar Medical Practice.</p>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD								
<p>boundary area, since the closure of Cauvery Medical Practice on the 31 October 2014</p> <ul style="list-style-type: none"> <li>The development of the Care Networks was discussed</li> <li>Discussion took place regarding the national signal in relation to GP practice boundaries, and the potential for a number of applications in the future</li> </ul> <p><b>Primary Care Infrastructure Fund Update</b> From the North Lincolnshire locality, NHS England received sixteen bids against the General Practice Infrastructure Fund. Three of these bids related to CCG bids for WIFI/IT improvements.</p> <p>There were four approval categories:</p> <table border="1" data-bbox="193 734 938 1189"> <tr> <td>Category 1</td> <td>Support as a Priority Investment in 2015/16 Supported subject to due diligence</td> </tr> <tr> <td>Category 2</td> <td>Support as a Priority Investment in 2015/16, subject to clarifications Supported subject to further discussion around the scheme and due diligence</td> </tr> <tr> <td>Category 3</td> <td>Support in principle, but further work required and defer A number of bids are recognised as potentially strategically important but have been assessed as requiring further work to establish viability and/or affordability to be progressed in 16/17. Such further work may include: <ul style="list-style-type: none"> <li>clarification of CCG support and strategic alignment;</li> <li>business case development;</li> <li>planning applications;</li> <li>value for money and affordability checks;</li> <li>public consultation;</li> </ul> </td> </tr> <tr> <td>Category 4</td> <td>Not supported</td> </tr> </table> <p>Bids were approved as highlighted in the report</p> <ul style="list-style-type: none"> <li>Four bids supported as Category 1</li> <li>Four bids supported as Category 3</li> <li>Eight bids not supported as Category 4</li> </ul> <p>Progress</p> <ul style="list-style-type: none"> <li>The CCG will need to progress its three bids. Funding will be released when available</li> <li>From the revenue costs listed against the CCG bids, the CCG should only fund the IT costs as depreciation and rate of return are not applicable as the asset is not owned by the NHS</li> <li>For all successful Category 1 and 2 bids which related to an improvement grant, practices have been contacted to gather additional information. Improvement Grants will be funded, as per the Premises Directions, at 66% so practices will need to pick up 34% of the cost. South Axholme Practice has confirmed they are happy with the awarded funding</li> </ul> <p>Criteria for the approval of bids</p> <ul style="list-style-type: none"> <li>Discussion took place regarding the criteria for the approval process for future bids. It was agreed that the approval of bids needed to support and link with the vision of the Healthy Lives, Healthy Futures programme. HP</li> </ul>	Category 1	Support as a Priority Investment in 2015/16 Supported subject to due diligence	Category 2	Support as a Priority Investment in 2015/16, subject to clarifications Supported subject to further discussion around the scheme and due diligence	Category 3	Support in principle, but further work required and defer A number of bids are recognised as potentially strategically important but have been assessed as requiring further work to establish viability and/or affordability to be progressed in 16/17. Such further work may include: <ul style="list-style-type: none"> <li>clarification of CCG support and strategic alignment;</li> <li>business case development;</li> <li>planning applications;</li> <li>value for money and affordability checks;</li> <li>public consultation;</li> </ul>	Category 4	Not supported	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>Noted the Primary Care Infrastructure Fund update</li> </ul> <p><b>Action:</b> Clear approval criteria to be developed, prior to further decisions being made</p>	
Category 1	Support as a Priority Investment in 2015/16 Supported subject to due diligence									
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Category 4	Not supported									

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<p>advised that she could obtain a copy of another CCG's criteria and share, if required.</p> <ul style="list-style-type: none"> <li>Further information in relation to the revenue costs and implications was requested</li> </ul>																							
<b>9.0 ANY OTHER BUSINESS</b> <i>Urgent Items by Prior Notice</i>																							
Nothing discussed.	<b>Decision:</b> Noted	Chair																					
<b>10.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>																							
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