

JOINT COMMISSIONING COMMITTEE

MEETING:	Fifth Meeting in Public of the Joint Commissioning Committee
MEETING DATE:	Thursday 14 January 2016
VENUE:	Board Room, Health Place, Brigg
TIME:	13:00

PRESENT:

NAME	TITLE	SERVICE/AGENCY
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
Liane Langdon (<i>LL</i>)	Chief Officer	NHS North Lincolnshire CCG
Bill Lovell (<i>BL</i>)	Deputy 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
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
Fiona Phillips (<i>FP</i>)	Consultant in Public Health	North Lincolnshire Council

IN ATTENDANCE:

Amy Bahl (<i>AB</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
John Pougher (<i>JoP</i>)	Assistant Senior Officer, Quality & Assurance	NHS North Lincolnshire CCG
Helen Phillips (<i>HP</i>)	Assistant Primary Care Contract Manager	NHS England – North (Yorkshire and the Humber)
Julie Killingbeck (<i>JK</i>)	Senior Commissioning Manager	NHS North Lincolnshire CCG
Geoff Day (<i>GD</i>)	Head of Primary Care	NHS England – North (Yorkshire and the Humber)

APOLOGIES:

NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Frances Cunning (<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)

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
<p>IR welcomed all attendees to the fifth 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.</p> <p>Apologies were noted, as detailed above.</p> <p>IR extended the welcome to LL the CCG's new Chief Officer on her first meeting of the committee.</p> <p>IR informed the committee that FC would be leaving her post at the beginning of February. Thanks were extended to FC for her contribution and the committee extended its best wishes for the future.</p> <p>It was noted that the meeting was quorate to proceed.</p>	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
<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>LL confirmed that she is seconded part time to her previous post as Director of Strategic Commissioning at Leeds North CCG. She is also Director of Making Lemonade Ltd, a currently dormant management consultancy.</p> <p>JuP confirmed she is now on the Strategic Group for Healthwatch East Riding.</p>	Decision: Noted	Chair
3.0 MINUTES OF THE MEETING HELD ON 8 OCTOBER 2015		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
4.1 APPLICATION TO CHANGE PRACTICE BOUNDARY – CEDAR MEDICAL PRACTICE		
<p>IR confirmed that at the last meeting the committee agreed to support this boundary change but only when assurances have been received about how the care homes served by the practice will be supported in future. A letter has since been sent advising the practice of the committee's decision and suggesting that support for care homes should be agreed collaboratively by practices within the framework of the new care networks.</p>	Decision: Noted	Chair
5.0 CONFIRMATION OF CHAIR/CHIEF OFFICER'S ACTIONS		
5.1 WAIVER OF STANDING ORDERS TO APPROVE USE OF ELDERLY CARE FUNDS TO SUPPORT PRACTICE PROPOSALS TO IMPROVE CARE OF THE ELDERLY IN PRIMARY CARE		
<p>IR reminded the committee of the previous decision to allocate £3 per registered patient from the Elderly Care Fund to each practice to support their patients aged 75 and over. In addition £2 per registered patient was allocated to commissioning a community geriatric service. However as this service did not become operational until part way through the financial year a residual sum of £155k needed to be allocated urgently to enable spending before the 2015/16 year end. Proposals were therefore invited from each practice indicating how their share of this additional money would be used to benefit the over 75 patient population. Having satisfied</p>	Decision: The Chair/Chief Officer's action was noted and confirmed.	DCFO& BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>themselves that these proposals represented good value for money and in view of the urgency involved, IR and Allison Cooke signed a chair/chief officer's action authorising the allocations to practices.</p>		
<p>6.0 PRIMARY CARE TRANSFORMATION FUND 6.1 UPDATE</p>		
<p>JK presented a report updating the committee on NHS England's £1bn over four years Primary Care Transformation Fund, previously known as the Primary Care Infrastructure Fund. It is intended to deploy the bulk of this fund to improve estates and accelerate digital and technological developments in general practice, and will be subject to an initial bidding process.</p> <p>The CCG is expected to make recommendations to NHS England to support the funding of improvements or developments in practices by the end of February 2016. The recommendations will need to demonstrate that they meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • increased capacity for primary care services out of hospital • commitment to the provision of a wider range of services • intention to reduce unplanned hospital admissions • improving seven day access to effective care • increased training capacity <p>JK advised that all GP practices in North Lincolnshire have been advised of the bidding process and that so far four bids have been received from the Ancora, Riverside, South Axholme and West Common Lane practices, all of which related to premises expansion.</p>	<p>Decision: The Joint Commissioning Committee received and noted the report</p>	<p>SCM</p>
<p>7.0 FINANCE 7.1 FINANCE REPORT: APRIL TO NOVEMBER (MONTH 8) 2015/2016</p>		
<p>BL presented the report giving a breakdown of NHS England and CCG expenditure on primary medical services against budget during the first eight months of the 2015/16 financial year.</p> <p>The committee welcomed the fact that for the first time a breakdown had been included in the report showing expenditure within each of the three new care networks.</p>	<p>Decision: The Joint Commissioning Committee received and noted the report</p>	<p>DCFO&BS</p>
<p>8.0 PERFORMANCE 8.1 PRIMARY CARE PERFORMANCE DASHBOARD</p>		
<p>CW presented the report, the format of which had not changed since the previous meeting.</p> <p>AL expressed reservations about how the performance data had again been presented. In particular he felt that the criteria used to determine which practice data should be highlighted in red was potentially very misleading.</p> <p>It was agreed that further joint work between the CCG and NHS England needed to be undertaken on the performance reporting format, the availability of meaningful data and the sophistication of the data analysis before any further performance dashboards are presented to the joint committee.</p>	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the report • Agreed that the committee should not receive any further performance reports in public until the presentation format has been refined, more meaningful data can be made available and the sophistication of the data analysis has been improved 	<p>DCFO&BS & RM</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
	Action: A joint NHS England and CCG working group be established to determine a more appropriate format and a more sophisticated data analysis methodology for future performance reports	
9.0 QUALITY		
9.1 PATIENT PARTICIPATION CONTRACT COMPLIANCE UPDATE		
<p>IR presented an update on the report considered by the joint committee on 13 August 2015 since when progress has been encouraging. The Birches and the South Axholme practices, both of which previously only had virtual patient participation groups (PPGs), have now established fully fledged PPGs. The Church Lane Medical Centre PPG has been slow to get off the ground but 13 members have now been recruited. The PPGs at the Market Hill and West Town practices are struggling somewhat and additional support has been offered to the practice managers. The Barnetby Medical Centre is the only practice where a PPG has yet to be established. Further efforts will be made to assist the practice in meeting the patient and public participation requirements of the GMS contract.</p> <p>JuP informed the committee that the PPG conference promoted jointly by the CCG and Healthwatch North Lincolnshire had been well attended and attracted excellent feedback. Quarterly PPG chairs meetings also continue to be well supported.</p>	Decision: The Joint Commissioning Committee noted the report and agreed to offer additional support to practices where appropriate.	Chair
10.0 DELIVERING THE FORWARD VIEW: NHS PLANNING GUIDANCE 2016/2017 – 2020/2021		
10.1 SUMMARY OF IMPLICATIONS FOR PRIMARY CARE		
<p>JK presented a brief summary of the implications for primary care of 'Delivering the Forward View: NHS Planning Guidance 2016/2017 – 2020/2021' including:</p> <ul style="list-style-type: none"> • The requirement to produce a Sustainability and Transformation Plan to cover every area of CCG and NHS England commissioned activity including primary care • The requirement that by March 2017 at least 20% of the population should have enhanced access to primary care • The requirement that every CCG should develop a local plan to address the sustainability and quality of general practice, including workforce and workload issues • The commitment to increase primary care funding by 4-5% per annum • The expectation that local plans will address enhanced access to GP services including increased use of technology 	Decision: The Joint Commissioning Committee received and noted the report.	SCM
11.0 COLLABORATION IN GENERAL PRACTICE		
<p>The committee received for information the results of a survey on 'Collaboration in General Practice' undertaken by the Royal College of General Practitioners in association with the Nuffield Trust. In this regard reference was made to the developing care networks in North Lincolnshire and it was agreed to invite Dr Robert Jaggs-Fowler to give an update on progress at the next meeting</p>	Decision: The Joint Commissioning Committee noted the report and agreed to invite Dr Robert Jaggs-Fowler to give an update on the development of care networks at the next meeting.	Chair

12.0 STOCKTAKE OF ACCESS TO GENERAL PRACTICE IN ENGLAND																					
The committee received for information a copy of the 'Stocktake of Access to General Practice in England' published by the National Audit Office. The committee particularly noted and agreed with the recommendation relating to the need to improve data collection regarding supply and demand in general practice, the lack of which is in sharp contrast to the detailed data available on hospital activity and makes workforce planning and proactively managing demand more difficult.	Decision: The Joint Commissioning Committee noted the National Audit Office report.																				
13.0 HEALTHWATCH NORTH LINCOLNSHIRE UPDATE																					
JuP informed the committee that Healthwatch North Lincolnshire had undertaken an extensive piece of research on access to GP services which she should be in a position to share at the March Joint Commissioning Committee meeting. The research was focussed on five GP practices in North Lincolnshire and involved seeking the views of patients regarding their satisfaction with service accessibility.	Decision: The Joint Commissioning Committee noted the report and extended an invitation for JuP to give a more detailed presentation on the Healthwatch North Lincolnshire report on access to GP services at the next meeting.	Chair Health-watch																			
14.0 NHS ENGLAND																					
14.1 NORTH LINCOLNSHIRE UPDATE																					
HP presented the report which updated the committee on: <ul style="list-style-type: none"> • The issue of a breach notice to Danum Medical Services Ltd in respect of lack of clinical cover at the Market Hill 8 to 8 Centre • The re-launch in North Lincolnshire of the Minor Ailments Scheme • Consultation on the North Lincolnshire Oral Health Strategy • Potential applications for two practice mergers 	Decision: The Joint Commissioning Committee received and noted the report.	APCCM																			
15.0 ANY OTHER BUSINESS																					
<i>Urgent Items by Prior Notice</i>																					
There was no other business to discuss.	Decision: Noted	Chair																			
16.0 DATE AND TIME OF NEXT PUBLIC MEETING																					
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