Please note: These minutes remain in 'draft' form until they are approved at the next Joint Commissioning Committee Meeting on 12 May 2016

NHS North Lincolnshire Clinical Commissioning Group	**NHS England**

JOINT COMMISSIONING COMMITTEE

MEETING:	Sixth Meeting in Public of the Joint Commissioning Committee
MEETING DATE:	Thursday 10 March 2016
VENUE:	Board Room, Health Place, Brigg
TIME:	13:00

PRESENT:		
NAME	**TITLE**	**SERVICE/AGENCY**
Ian Reekie *(IR)*	Chair/CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Dr Margaret Sanderson *(MS)*	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Dr Andrew Lee *(AL)*	CCG Member/General Practitioner *In attendance from Item 7.0 onwards*	NHS North Lincolnshire CCG
Liane Langdon *(LL)*	Chief Officer	NHS North Lincolnshire CCG
Kieran Lappin *(KL)*	Interim Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Catherine Wylie *(CW)*	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Paul Evans *(PE)*	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Professor John Mayberry *(JM)*	Secondary Care Doctor	NHS North Lincolnshire CCG
Rose Dunlop *(RD)*	Consultant in Public Health	North Lincolnshire Council
Dr Wendy Barker *(WB)*	Deputy Director of Nursing *In attendance via telephone*	NHS England – North (Yorkshire and the Humber)
Julia Pollock *(JuP)*	Chair	Healthwatch North Lincolnshire
IN ATTENDANCE:		
Clare Smith *(CS)*	PA *(Note Taker)*	NHS North Lincolnshire CCG
John Pougher *(JoP)*	Assistant Senior Officer, Quality & Assurance	NHS North Lincolnshire CCG
Jackie France *(JF)*	Associate Director of IT (for the CCG's across the Humber) *In attendance for Item 7.0 only*	North East Lincolnshire CCG, North Lincolnshire CCG, East Riding of Yorkshire CCG, and NHS Hull CCG
Dr Robert Jaggs-Fowler *(RJF)*	Medical Director and Clinical Lead for the Healthy Lives, Healthy Futures Programme *In attendance for Item 10.0 only*	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	**TITLE**	**SERVICE/AGENCY**
Caroline Briggs *(CB)*	Director of Commissioning	NHS North Lincolnshire CCG
Mark Janvier *(MJ)*	Head of Operations and Delivery	NHS England – North (Yorkshire and the Humber)

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SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
IR welcomed all attendees to the sixth 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. Apologies were noted, as detailed above. IR extended the welcome to Kieran Lappin, Interim Chief Finance Officer and Business Support and Rose Dunlop, Consultant in Public Health, as this was their first Joint Commissioning Committee meeting. It was noted that the meeting was quorate to proceed.	**Decision:** Noted	Chair
2.0 DECLARATION OF INTERESTS		
IR invited those with any Declarations of Interest in relation to the agenda or not previously declared, to make them known to the meeting. KL advised that he had no declarations of interest specifically in relation to the agenda, but stated that he owned a Financial Consultancy, providing accountancy services to the NHS. RD advised that she had no declarations of interest. MS declared an interest in relation to Item 8.0 (NHS England Update Report), as she was a GP partner in the Trent View Medical Practice. The practice was mentioned in the report, as the practice had been approved as a pilot in the Practice Pharmacists Scheme. It was agreed that MS could remain in the room for the discussion.	**Decision:** Noted	Chair
3.0 MINUTES OF THE MEETING HELD ON 14 JANUARY 2016		

The minutes were accepted as an accurate record of the meeting, subject to the following amendment:
• **Healthwatch North Lincolnshire Update** *(page 5)*
    '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'
To be amended to read
    *'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 **all GP practices in North Lincolnshire and involved seeking the views of patients regarding their satisfaction with service accessibility. Enter and View visits took place in five GP practices'***
	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
4.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
• **Item 8.1: Performance: Primary Care Performance Dashboard** CW advised that further work was being undertaken, as requested at the last Joint Commissioning Committee meeting on 14 January 2016. It was confirmed that the dashboard would be 'network' orientated. An update would be provided, together with timescales at the next meeting on 12 May 2016	**Decision:** Noted	DoR&QA
5.0 FINANCE REPORT: APRIL TO JANUARY (MONTH 10) 2015/2016		
KL presented Item 5.0 and the report was taken as 'read'. The report provided information relating to GP practice primary care and CCG provider budget performance for the year to date (YTD) to period 10 (January 2015/2016). Specific areas highlighted/discussed: • NHS England Funded Expenditure o Budget: £17,897,000 o Actual: £17,831,000 o Variance: £66,000 underspend • CCG Funded Expenditure o Budget: £25,849,000 o Actual: £27,285,000 o Variance: £1,370,000 overspend • The main reasons for the YTD and Forecast Outturn variances were: o A £790,000 plus Forecast Outturn overspend on Community Nursing, which is currently being investigated o A general growth in prescribing costs across most practices, which is in line with the national prescribing experience • Expenditure by Care Network o Expenditure varies considerably across the three care networks o Discussion took place regarding sharing good practice across the care networks o It was acknowledged that each care network has a different population, with differing needs	**Decision:** The Joint Commissioning Committee: • Reviewed and noted the Finance Report	ICFO& BS
6.0 GENERAL MEDICAL SERVICES CONTRACT 2016/2017: SUMMARY OF CHANGE		
IR presented Item 6.0. The note set out a summary of the key changes to the General Medical Service (GMS) contract in England for 2016/2017. The changes had been agreed between NHS Employers, on behalf of NHS England and the British Medical Association's General Practitioners Committee (GPC).	**Decision:** The Joint Commissioning Committee: • Received and noted the summary, for information	Chair
7.0 PRIMARY CARE IT/DIGITAL SERVICES UPDATE		
JF presented Item 7.0 and the report was taken as 'read'. The report provided an update on current IT/digital service initiatives within primary care, noting in particular, services that will have an impact on patients. Specific areas highlighted/discussed: • **Patient Online Services** o Since March 2015, GP practices have been able to offer online access for patients to; book, cancel and amend appointments, order repeat prescriptions and access summary	**Decision:** The Joint Commissioning Committee: • Received and noted the Primary Care IT/Digital Services Update	ADoIT

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD

information such as allergies, adverse reactions and medication
o There are plans to expand the use of online services in general practice from March 2016 – more patients, accessing more services and being able to view more information about their health and care
o From March 2016, all practices should be offering their patients access to the GP electronic coded record, which will provide access to; demographic information, allergies/adverse reactions, medication (dose quality and issue date), immunisations, test results (numerical values and normal range) values (BP and peak expiratory flow rate), problems and diagnosis, procedure codes, coded information recorded within patient consultations (signs, symptoms), and codes showing referrals made or letters received
o Practices will also provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointment letters and referral letters. Practices will have the ability to choose a prospective date (no later than March 2017) by which to do this
o It will be optional to offer access to; free text and administrative items such as; diary entries/recalls, special notes/warnings, tasks, emails and internal messages
o Discussion took place regarding access to historical data
o 89% of practices have patients utilising online appointment services
o 89% of practices have patients utilising online prescription services
o 26% of practices have patients utilising online record access
• **Electronic Prescriptions (EPS)**
  o EPS enables prescribers, such as GPs and practice nurses, to send prescriptions electronically to a pharmacy dispenser of the patient's choice, ready for collection
  o As of January 2016, 47% of practices operate an electronic prescription service for their patients. The plan is to increase this to 100% by March 2017
• **Electronic Referral Service (ERS)**
  o The ERS was developed as the successor to Choose & Book, and will ultimately provide the opportunity for all patients to be referred electronically to any named health or social care professional, provider or service. In time the system will support electronic		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD

appointment booking through the patient pathway, and will include self-referral (into suitably approved services) ability to electronically book follow-up appointments, enable appointments to be linked to take place in a pre-determined order and include referrals to diagnostic and support services, e.g. transport and interpreter services. Patients will be prompted by alerts and reminders advising when and how to book
   o The reporting services are currently being updated; therefore it is not possible to access the latest utilisation figures. The current plan is for a minimum of 80% of referrals to be made electronically by March 2017
   o Discussion took place regarding patient choice and referral
• **Summary Care Record (SCR)**
   o The SCR provides health care professionals with key data which includes; demographics, medications, allergies and adverse reactions which is derived from the patient GP record
   o It is now possible to expand the information available on the SCR, such as significant medical history (past and present), reason for medication, anticipatory care information (such as information about the management of long term conditions), communication preferences, end of life care information and immunisations
   o It's now also possible to extend access to other professions such as pharmacists and social care
   o All GP practices within North Lincolnshire have uploaded their SCR, but it has not yet been possible to look at how the additional information can be used functionality and extend access to support service redesign; this is likely to focus on medicines reconciliation and end of life and long term conditions pathways
• **Touchscreen Kiosks**
   o A small amount of capital funding has been available to invest in touchscreen kiosks for GP practices, which makes information more accessible to patients, e.g. access to book appointments, view records, complete friends & family test. These are being installed over the next six months		

8.0 NHS ENGLAND UPDATE REPORT		
MS declared an interest in relation to Item 8.0, as she was a GP partner in the Trent View Medical Practice. The practice was mentioned in the report, as the practice had been approved as a pilot in the Practice Pharmacists Scheme. It was agreed that MS	**Decision:** The Joint Commissioning Committee: • Noted the report	DDoN NHSE

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD

could remain in the room for the discussion.
 	
WB presented Item 8.0 and the report was taken as 'read'. The report updated the committee on outstanding matters pertaining to primary medical care within North Lincolnshire. Specific areas highlighted/discussed:
 	
• **Practice Pharmacists Scheme**
   o NHS England, Health Education England, Royal College of General Practitioners (RCGP) and the British Medical Association's (BMA) GP Committee are working with the Royal Pharmaceutical Society on a three year pilot to test the role of clinical pharmacists working in general practice
   o Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks
   o Having a clinical pharmacist in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This will help GPs manage the demands on their time
   o Winterton Medical Practice and Trent View Medical Practice in North Lincolnshire have been approved as pilot sites and are in the process of completing the relevant agreements to enable funding to transfer on 13 March 2016
 	
• **Market Hill Procurement Update**
   o NHS England terminated the Alternative Provider Medical Services (APMS) contract for the Market Hill 8-8 practice in Scunthorpe on 12 January 2016. Since this date, a temporary provider, Core Care Links Ltd has been running the practice via a short term contract agreement
   o NHS England has now started a full procurement process to secure longer term arrangements. A new APMS contract for 11 months will be awarded once this process is complete. This is expected to commence on 4 March 2016
   o It was noted that the CCG was involved in the procurement process, and regular updates would be provided to the Joint Commissioning Committee
 	
• **Vulnerable Practices Scheme Update**
   o In June 2015 the Secretary of State for Health announced NHS England would work to develop a £10 million programme of support		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD

for practices identified in difficulty. Yorkshire and the Humber received £931,347 to use across our region
 	
  o NHS England is working with CCGs to identify practices that would benefit from this scheme, and to confirm what support might be required. Practices are required to match fund any investment approved by NHS England
 	
  o It was queried what the funding could be used for and it was suggested that examples should be shared with practices		

9.0 HEALTHWATCH NORTH LINCOLNSHIRE: ACCESS TO GP APPOINTMENTS		

JuP tabled and presented two documents for information, entitled:
  • Report: All Booked Up? Access to GP Appointments in North Lincolnshire
  • GP Survey Summary: Key Points
 	
Specific areas highlighted/discussed:
  • There were 375 responses in total to the GP survey. 132 were online responses and 243 were paper responses
  • According to the national GP Patient Survey 2016, 74% of respondents rated their overall experience of making a GP appointment as fairly good or very good. In terms of the Healthwatch survey locally, only 47% of respondents rated their overall experience of making a GP appointment as good or excellent, which means the majority of the survey respondents from North Lincolnshire had an average or poor experience whereas nationally, the majority of people had a good one
  • More of the Healthwatch survey respondents found it easier to book an appointment with a nurse than a GP, as 63% rated this booking experience as good or excellent
  • Only 19% of patients had used the online booking system that is offered by all surgeries in North Lincolnshire. Of the 78% who had not used online booking, 66% said that this was because they did not know that this was offered at their surgery. According to the GP Patient Survey 2016, nationally only 7% of people had used online services to make a GP appointment
  • The most negative comments received by service users were about the so called '8am stampede' where patients are required to call when the surgery opens, on the day that they need their appointment. This creates pressure on the phone lines and long waiting times or redialling. Many patients who finally got through to the surgery were told that there were no appointments left and were advised to call again and go through the same process the next day
  • The above system creates particular problems for working people who cannot call at that time. Many patients felt it would be easier if they could be allowed to pre-book their appointments, and if some weekend and evening appointments were available.
	Decision: The Joint Commissioning Committee:
	  • Received and noted the report 'All Booked Up? Access to GP Appointments in North Lincolnshire' and 'GP Survey Summary: key Points', for information
		Chair HWNL

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD

• Overall, 47% of people were able to get a same day appointment which initially seems like a positive finding. However, this does not indicate how many days patients had tried to secure this appointment
• Some service users perceived the reception staff to be intrusive/gatekeepers as they asked patients to explain their health problems in order to get an appointment. It seems that receptionists often do not clearly explain that these questions are asked in order to ensure that the patients receive the right care from the appropriate professional
• Those who rated their experience of booking a GP appointment as poor were eight times more likely to use Accident and Emergency as an alternative when compared to those who had a good or excellent experience (a rise from 1% to 8%)
• Enter and View
   o Healthwatch North Lincolnshire visited five practices across North Lincolnshire
   o Separate Enter and View reports for the surgeries that were visited would supplement the report, and would be available shortly		

10.0 COLLABORATION IN GENERAL PRACTICE: UPDATE ON THE DEVELOPMENT OF CARE NETWORKS		

RJF gave a PowerPoint presentation entitled 'Healthy Lives Healthy Futures North Lincolnshire Care Networks'.
 	
10.0
 	
Specific areas highlighted/discussed:
• "Putting local people at the heart of everything we do" *(slide 2)*
• Health and Social Care *(slide 3)*
• Delivering more non-critical care away from hospital *(slide 4)*
• North Lincolnshire vision for Care Networks as the first order of transformation *(slide 5)*
• Care Network Model – Core Principles *(slide 6)*
• Network Assets *(slide 7)*
• Care Networks (map) (slide 8)
• Care Networks *(slide 9)*
   o West
      ▪ Population of 54,032 (32%)
      ▪ Two Wellbeing Hubs
      ▪ Six GP practices
   o South
      ▪ Population of 64,888 (38%)
      ▪ One Wellbeing Hub
      ▪ Six GP practices
   o East
      ▪ Population of 52,352 (31%)
      ▪ Four Wellbeing Hubs
      ▪ Eight GP practices
	Decision: The Joint Commissioning Committee:
	• Received and noted the presentation
		CL HLHF

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
• Agencies involved *(slide 10)* • Examples of issues under consideration *(slide 11)* • Impact on hospital services *(slide 12)* • Recent focus *(slide 13)* • Progress *(slide 14)* • Current issues *(slides 15 & 16)* • Future considerations *(slide 17)*		
11.0 ANY OTHER BUSINESS *Urgent Items by Prior Notice*		
There was no other business to discuss.	**Decision:** Noted	Chair
12.0 DATE AND TIME OF NEXT PUBLIC MEETING		
<table><tr><th>Date</th><th>Time</th><th>Venue</th></tr><tr><td>Thursday 12 May 2016</td><td>13:00</td><td>Board Room, Health Place, Brigg</td></tr><tr><td>Thursday 14 July 2016</td><td>13:00</td><td>Board Room, Health Place, Brigg</td></tr><tr><td>Thursday 8 September 2016</td><td>13:00</td><td>Board Room, Health Place, Brigg</td></tr><tr><td>Thursday 10 November 2016</td><td>13:00</td><td>Board Room, Health Place, Brigg</td></tr></table>	**Decision:** Noted	Chair