

## JOINT COMMISSIONING COMMITTEE

<b>MEETING:</b>	Seventh Meeting in Public of the Joint Commissioning Committee
<b>MEETING DATE:</b>	Thursday 12 May 2016
<b>VENUE:</b>	Board Room, Health Place, Brigg
<b>TIME:</b>	13:00

### 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	NHS North Lincolnshire CCG
Dr Andrew Lee ( <i>AL</i> )	CCG Member/General Practitioner <i>In attendance from Item 6.0 onwards</i>	NHS North Lincolnshire CCG
Liane Langdon ( <i>LL</i> )	Chief Officer	NHS North Lincolnshire CCG
Kieran Lappin ( <i>KL</i> )	Interim 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
Dr Wendy Barker ( <i>WB</i> )	Deputy Director of Nursing	NHS England – North (Yorkshire and the Humber)
Heather Marsh ( <i>HM</i> )	Assistant Director of Primary Care	NHS England – North (Yorkshire and the Humber)
Dr Robert Jaggs-Fowler ( <i>RJF</i> )	Medical Director <i>In attendance from Item 6.0 only</i>	NHS North Lincolnshire CCG

### IN ATTENDANCE:

NAME	TITLE	SERVICE/AGENCY
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> )	Senior Commissioning Manager <i>In attendance for items 8.0 and 9.0 only</i>	NHS North Lincolnshire CCG

### APOLOGIES:

NAME	TITLE	SERVICE/AGENCY
Rose Dunlop ( <i>RD</i> )	Consultant in Public Health	North Lincolnshire Council
Julia Pollock ( <i>JuP</i> )	Chair	Healthwatch North Lincolnshire

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 seventh meeting 'in public' of the Joint Commissioning Committee. It was noted that the meeting was	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>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 Heather Marsh, Assistant Director of Primary Care, NHS England – North (Yorkshire and the Humber), as this was her first Joint Commissioning Committee meeting.</p> <p>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 declared an interest specifically in relation to Item 9.0 (Primary Care Transformation Fund Update), as she was a GP partner in the Trent View Medical Practice. The practice had submitted applications previously to access funding in 2015/2016. It was agreed that MS could remain in the room for the discussion.</p> <p>AL declared an interest specifically in relation to Item 11.0 (NHS England Update Report: Alternative Provider Medical Services (APMS)/Personal Medical Services (PMS) Uplift 2016-17), as a GP partner of West Common Lane Teaching Practice, one of the local PMS providers. It was agreed that AL would remain in the room for the discussion.</p> <p>IR declared a new non-financial interest, as he had recently become a Lay Member on the National Institute for Health and Care Excellence (NICE) Quality Standards Advisory Committee.</p> <p>HM advised that she had no declarations of interest.</p> <p>Once Item 6.0 (Terms of Reference) had been approved, Dr Robert Jaggs-Fowler was welcomed to his first Joint Commissioning Committee meeting, in his role as CCG Medical Director. Dr Jaggs-Fowler declared an interest as follows:</p> <ul style="list-style-type: none"> <li>• Freelance Sessional GP (no specific practice allegiance)</li> <li>• Director of Barton Health Care Services Limited</li> <li>• Non-executive Director of Lincolnshire Chaplaincy Services Limited</li> <li>• Part-owner of Goxhill Village Pharmacy (which rents business premises from the Central Surgery Partnership, Barton on Humber)</li> <li>• Trustee, Lincoln Chaplaincy Services</li> <li>• President, St John Ambulance (East Yorkshire and Humber)</li> <li>• Newspaper columnist for the Scunthorpe Telegraph</li> <li>• GP Appraiser, NHS England</li> </ul>	<b>Decision:</b> Noted	Chair
<b>3.0 MINUTES OF THE MEETING HELD ON 12 MARCH 2016</b>		
The minutes were accepted as an accurate record of the meeting.	<b>Decision:</b> Noted	Chair
<b>4.0 ACTION LOG</b>		
It was noted that the outstanding actions in relation to the Primary	<b>Decision:</b> Noted	Chair

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Care Performance Dashboard and the Market Hill 8 to 8 Centre were picked up in Item 11.0 (NHS England Update Report).		
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
Nothing discussed.	<b>Decision:</b> Noted	Chair
<b>6.0 REVIEW OF TERMS OF REFERENCE</b>		
<p>IR presented Item 6.0 and the report was taken as 'read'. Paragraph 28 of the existing Joint Commissioning Committee terms of reference requires the CCG and NHS England to formally review the terms of reference in April each year. Members were asked to consider the draft revised terms of reference, with the proposed changes highlighted in yellow. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• The proposed changes mostly relate to membership of the committee <ul style="list-style-type: none"> <li>○ CCG Lay Members <ul style="list-style-type: none"> <li>▪ The current terms of reference identify as committee members the two existing lay members of the CCG Governing Body. As the revised statutory conflicts of interest guidance is expected to require CCGs to appoint a third lay member who would also need to be a member of the Joint Commissioning Committee the proposed revised wording states that the committee membership should include 'all lay members of the CCG Governing Body'</li> </ul> </li> <li>○ CCG Director of Commissioning <ul style="list-style-type: none"> <li>▪ When the original terms of reference were compiled those executives who are full voting members of the CCG Governing Body were included as members of the Joint Commissioning Committee. In order to maintain a clinical majority on the Governing Body the Director of Commissioning is not a full voting member. However as the Joint Commissioning Committee is required to have a non-clinical majority it is clearly appropriate for the CCG's Director of Commissioning to be a member</li> </ul> </li> <li>○ CCG Medical Director <ul style="list-style-type: none"> <li>▪ As the Medical Director chairs the CCG's Primary Care Development Committee and is also taking the lead on the development of multi-speciality community provider care networks, it is clearly appropriate that he should be in membership of the Joint Commissioning Committee</li> </ul> </li> <li>○ Humberside Local Medical Committee (LMC) <ul style="list-style-type: none"> <li>▪ Representatives of the LMC were invited to become non-voting attendees at meetings of the joint commissioning committees of the three other Humber</li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Approved the draft revised terms of reference</li> </ul>	Chair

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<p>CCGs during 2015 and at a recent presentation to lay members by NHS England such involvement was recognised as being useful and common throughout the country</p> <ul style="list-style-type: none"> <li>• WB confirmed that NHS England supported the suggested amendments</li> </ul> <p>Dr Robert Jaggs-Fowler was welcomed to his first Joint Commissioning Committee meeting, in his role as CCG Medical Director, and provided a declaration of interest as detailed under Item 2.0.</p>		
7.0 GENERAL PRACTICE FORWARD VIEW		
<p>IR presented Item 7.0 and the report was taken as 'read'. During April 2016, NHS England published 'General Practice Forward View', a strategy for tackling the pressures currently facing general practice containing proposals covering investment, workforce, workload, infrastructure and care redesign. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Proposals relating to care redesign <ul style="list-style-type: none"> <li>○ Introduction of new voluntary Multispecialty Community Provider contract from April 2017</li> </ul> </li> <li>• Workforce <ul style="list-style-type: none"> <li>○ MS advised that a North Yorkshire and Humber GP Workforce (Quarter 3: October - December 2015) document had been presented to the North Yorkshire and Humber Workforce Development Group on 11 May 2016. It was felt that the figures in the report were incorrect, and North Lincolnshire had less GPs than being reported</li> <li>○ A further 1,500 pharmacists working in general practice by 2020 <ul style="list-style-type: none"> <li>▪ Pilot: Clinical Pharmacists <ul style="list-style-type: none"> <li>• NHS England, Health Education England, Royal College of General Practitioners (RCGP) and the British Medical Association (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</li> <li>• 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</li> <li>• Winterton Medical Practice and</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Received, considered and noted the report, for information</li> </ul>	<p>Chair</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Trent View Medical Practice have been approved as a pilot site</p> <ul style="list-style-type: none"> <li>• Workload <ul style="list-style-type: none"> <li>○ It was highlighted that the forward view was not about doing more, but about doing things differently</li> </ul> </li> <li>• Proposals relating to practice infrastructure <ul style="list-style-type: none"> <li>○ £900m capital investment in general practice estates and infrastructure over next five years</li> <li>○ Up to 100% funding for premises development</li> </ul> </li> <li>• Investment <ul style="list-style-type: none"> <li>○ An increase in investment from the current £9.6bn per annum to over £12bn by 2020/21, a real terms increase of 14% compared to 8% for the rest of the NHS</li> <li>○ Capital investment (included in this global sum) of £900m over the next five years</li> <li>○ An additional £500m over the next five years in sustainability and transformation funding to support struggling practices, further develop the workforce, tackle workload and stimulate care redesign</li> <li>○ A new funding formula to better reflect practice workload, including deprivation and rurality</li> <li>○ Consultation by July 2016 on tackling indemnity costs in general practice <ul style="list-style-type: none"> <li>▪ Discussion took place regarding the increase in funding and how it would be allocated</li> </ul> </li> </ul> </li> </ul>		
<p><b>8.0 ELDERLY CARE FUND 2016/2017 ALLOCATION</b></p>		
<p>JK presented Item 8.0 and the report was taken as 'read'. The report sought approval to continue the current Elderly Care Fund services, unchanged throughout 2016/2017, on the understanding that all primary care enhanced services would be reviewed during 2016/2017. The Elderly Care Fund budget remains unchanged at £5 per head of registered patient population. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Local Context <ul style="list-style-type: none"> <li>○ During 2015/2016, North Lincolnshire CCG committed £3 per head of practice registered population for the delivery of an enhanced service specification that all practices are signed up to; the remaining £2 per head of population budget was utilised to fund a new community based holistic geriatric/falls prevention service which commenced in October 2015</li> </ul> </li> <li>• Elderly Care Fund Enhanced Primary Care Service <ul style="list-style-type: none"> <li>○ All practices are signed up to delivering the enhanced service specification. The CCG will continue to fund the enhanced service during 2016/2017 on the understanding that all local enhanced services will be reviewed during 2016/2017</li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Received and noted the contents of the Elderly Care Fund 2016/2017 allocation report</li> <li>• Approved the proposed continued allocation of the Elderly Care Fund for a period of four months</li> <li>• An update report to be presented to the Joint Commissioning Committee on 14 July 2016</li> </ul>	<p>SCM</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>• Community Geriatric/Falls Prevention Service               <ul style="list-style-type: none"> <li>○ The Joint Commissioning Committee approved the award of the contract to Safecare Network in August 2015; the service commenced on the 1 October 2015. The contract runs until 31 March 2017, and so commits the £2 per registered patient population during 2016/2017</li> <li>○ A service up-date/progress report on the development of the geriatric/falls prevention services would be presented to the Joint Commissioning Committee in July 2016</li> </ul> </li> <li>• Review of Progress               <ul style="list-style-type: none"> <li>○ WB highlighted the fact that a decision was being sought prior to reviewing progress being achieved as a result of the Elderly Care Fund investment. It was therefore decided to restrict the allocation of further funding to a period of four months pending the presentation of an update report to the 14 July committee meeting.</li> </ul> </li> </ul>		
<b>9.0 PRIMARY CARE TRANSFORMATION FUND UPDATE</b>		
<p>MS declared an interest specifically in relation to Item 9.0 (Primary Care Transformation Fund Update), as she was a GP partner in the Trent View Medical Practice. The practice had submitted applications previously to access funding in 2015/2016. It was agreed that MS could remain in the room for the discussion.</p> <p>JK presented Item 9.0 and the report was taken as 'read'. The report provided an update on the current position of the Primary Care Transformation Fund (PCTF), and set out the key principles that the CCG proposed to use as part of the evaluation and recommendation process.</p> <p>The proposed principles and evaluation criteria had been presented to Council of Members, where it was agreed by a majority to support the proposed principles and evaluation criteria (following minor amendments) to evaluate any PCTF bids received.</p> <p>It was highlighted that due to a delay in publication of the final process and criteria to be used by NHS England, the contents of the report were based upon the information that had been received to date, and so may be subject to change once the final guidance and criteria was published. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Funding               <ul style="list-style-type: none"> <li>○ It was queried whether GP practices who submitted bids in the 2015/2016 round, which were supported in principle, but were not for funding in 2015/2016 would have to resubmit a bid. It was felt that practices with applications falling into this category should still discuss their applications with the NHS England Area Team, with a view to submitting an application for the 2016/2017 round of the fund. It was suggested that further information would be available when the final process and criteria was published</li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Noted the contents of the report</li> <li>• Approved the proposed principles to be adopted by North Lincolnshire CCG to evaluate and prioritise the recommendation for Primary Care Transformation Fund funding</li> </ul>	SCM

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>• Process and Milestones               <ul style="list-style-type: none"> <li>○ To secure funding from the PCTF, CCGs will need to complete four stages:                   <ul style="list-style-type: none"> <li>▪ Stage 1 - CCG submits recommendations for investment</li> <li>▪ Stage 2 - NHS England completes an initial review</li> <li>▪ Stage 3 - Due diligence</li> <li>▪ Stage 4 - Decision</li> </ul> </li> </ul> </li> <li>• Buildings Development               <ul style="list-style-type: none"> <li>○ Dispensing Practices                   <ul style="list-style-type: none"> <li>▪ Discussion took place in relation to the construction of new GP premises for dispensing practices. It was suggested that if new premises were more than half a mile from existing premises, the practice would lose their dispensing rights. It was agreed that this would influence a practice's decision to bid                       <ul style="list-style-type: none"> <li>• It was confirmed that any application would be viewed against the relevant regulations</li> <li>• It was suggested that a practice would be able to apply to retain their dispensing rights</li> </ul> </li> </ul> </li> </ul> </li> <li>• Investment in Information Technology Projects               <ul style="list-style-type: none"> <li>○ It was confirmed that CCGs would submit technology related recommendations, which deliver benefits against the four priorities outlined in the report, and which are aligned with the CCG's local digital roadmap</li> <li>○ The Primary Care Development Group would review the recommendations</li> </ul> </li> </ul>	<p><b>Action:</b> HM to contact the Pharmaceutical Committee, for advice</p>	<p>ADoPC</p>
<p><b>10.0 FINANCE REPORT</b></p>		
<p>KL 'tabled' the North Lincolnshire CCG Primary Care Budget Performance 2015/2016 report. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Total co-commissioning expenditure (<i>page 1</i>)               <ul style="list-style-type: none"> <li>○ NHS England funded expenditure                   <ul style="list-style-type: none"> <li>▪ Forecast at month 10                       <ul style="list-style-type: none"> <li>• Budget (£000s) = £21,478</li> <li>• Actual (£000s) = £21,478</li> </ul> </li> <li>▪ Out-turn 2015/16 (pre audit)                       <ul style="list-style-type: none"> <li>• Budget (£000s) = £21,478</li> <li>• Actual (£000s) = £21,560</li> <li>• Variance (£000s) = £82 overspend</li> </ul> </li> <li>▪ QOF</li> </ul> </li> <li>○ CCG Funded Expenditure                   <ul style="list-style-type: none"> <li>▪ Forecast at month 10                       <ul style="list-style-type: none"> <li>• Budget (£000s) = £31,018</li> <li>• Actual (£000s) = £32,845</li> <li>• Variance (£000s) = £1,827</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Received and noted the forecast at month 10 and out-turn 2015/2016 (pre audit) primary care budget performance 2015/2016 figures</li> </ul>	<p>ICFO&amp;BS</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>overspend               <ul style="list-style-type: none"> <li>▪ Out-turn 2015/16 (pre audit)                   <ul style="list-style-type: none"> <li>• Budget (£000s) = £31,018</li> <li>• Actual (£000s) = £32,845</li> <li>• Variance (£000s) = £486</li> </ul> </li> <li>overspend                   <ul style="list-style-type: none"> <li>▪ Prescribing costs</li> <li>▪ Home oxygen costs</li> </ul> </li> </ul> </li> <li>○ Total expenditure               <ul style="list-style-type: none"> <li>▪ Forecast at month 10                   <ul style="list-style-type: none"> <li>• Budget (£000s) = £52,497</li> <li>• Actual (£000s) = £54,323</li> <li>• Variance (£000s) = £1,827</li> </ul> </li> <li>overspend                   <ul style="list-style-type: none"> <li>▪ Out-turn 2015/16 (pre audit)                   <ul style="list-style-type: none"> <li>• Budget (£000s) = £52,497</li> <li>• Actual (£000s) = £54,405</li> <li>• Variance (£000s) = £567</li> </ul> </li> </ul> </li> </ul> </li> <li>• Care network figures (page 2)</li> </ul>		
<b>11.0 NHS ENGLAND UPDATE REPORT</b>		
<p>AL declared an interest specifically in relation to Item 11.0 (NHS England Update Report: Alternative Provider Medical Services (APMS)/Personal Medical Services (PMS) Uplift 2016-17), as a GP partner of West Common Lane Teaching Practice, one of the local PMS providers. It was agreed that AL would remain in the room for the discussion.</p> <p>WB and HM presented Item 11.0 and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• <b>West Town Surgery: Temporary Closed List Report</b> <ul style="list-style-type: none"> <li>○ The temporary list closure application for West Town Surgery was circulated as a 'virtual' report in April 2016 due to the timescales involved. A copy of the report was appended to the update</li> </ul> </li> <li>• <b>Market Hill Procurement Update and Contract Award/Long Term Options</b> <ul style="list-style-type: none"> <li>○ Following the immediate termination of the Market Hill 8-8 GP contract at the Ironstone Centre on 12 January 2016, NHS England appointed an interim provider, Core Care Links Limited, to provide services to the registered list whilst a procurement process was undertaken to appoint a provider for an eleven month period until 31 March 2017</li> <li>○ The procurement process had now taken place where four bids were submitted. Following the evaluation process, Core Care Links Limited had been awarded the contract for the eleven month</li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Received and noted the NHS England update report</li> </ul> <p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Noted the virtual decision to approve the West Town Surgery list closure application for a reduced six month period</li> </ul> <p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Noted the points regarding the procurement process and award of the contract</li> </ul> <p><b>Action:</b> LL to liaise with HM to identify representatives for a working group, to review the long term options for the practice</p>	<p>DDoN ADoPC</p> <p>CO ADoPC</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>period, commencing 1 May 2016</p> <ul style="list-style-type: none"> <li>○ NHS England together with North Lincolnshire CCG, need to identify and establish a working group to review the long term options for the practice. The CCG had been asked to identify representatives for this group; a response by 20 May 2016 was required as the procurement process needed to commence in July 2016 <ul style="list-style-type: none"> <li>▪ It was queried whether there were any options that did not involve a procurement process</li> <li>▪ It was suggested that the paragraph in the report should be amended to read <i>'The CCG has been asked to identify representatives for this group; a response by 20 May 2016 is required as <b>any resulting procurement process would need to commence in July 2016'</b></i></li> <li>▪ Timescales for the process were discussed</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>● <b>Lessons Learnt Exercise Regarding Serious Primary Care Quality Issues</b> <ul style="list-style-type: none"> <li>○ Following the termination of the Market Hill contract the CCG, together with NHS England is now in a position to undertake a "lessons learnt" exercise in respect of the early identification of primary care issues, which could subsequently be identified by the Care Quality Commission (CQC)</li> </ul> </li> <li>● <b>Alternative Provider Medical Services (APMS)/Personal Medical Services (PMS) Uplift 2016-17</b> <ul style="list-style-type: none"> <li>○ Each year the Doctors and Dentists Review Body (DDRDB) advises Government on rates of pay for Doctors and Dentists</li> <li>○ 2016/2017 DDRB Recommendation <ul style="list-style-type: none"> <li>▪ The DDRB recommended an uplift of 1% for General Medical Services (GMS) practices</li> <li>▪ To deliver an equitable and consistent approach to uplifting PMS and APMS contracts the same increase will apply. It is important to note that the APMS uplift will only apply to practices where an uplift is stipulated in their contractual agreements</li> </ul> </li> <li>○ In summary, GP practices will receive increases in</li> </ul> </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>● Noted the update</li> </ul> <p><b>Action:</b> CW to liaise with HM and WB to identify the individuals required to undertake the exercise on behalf of NHS England and North Lincolnshire CCG. A response is required by 20 May 2016 to Helen Phillips, Assistant Primary Care Contracts Manager, NHS England</p> <p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>● Noted the uplift to APMS/PMS contracts in accordance with the recommendations of the DDRB</li> </ul>	<p>DoR&amp;QA ADoPC DDoN</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD												
<p>core funding as set out in table 1 of the report (page 4)</p> <ul style="list-style-type: none"> <li> <b>Primary Care Dashboard</b>            Further to discussion at previous Joint Commissioning Committee meetings, it was highlighted that the CCG was struggling to obtain data from NHS England to be able to determine a more appropriate format and a more sophisticated data analysis methodology for future performance reports         </li> </ul>	<p><b>Decision:</b> The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>Noted the update</li> </ul> <p><b>Action:</b> CW to liaise with HM and WB in relation to the development of robust primary care performance and quality reporting. An update to be provided at the next meeting on 14 July 2016</p>	<p>DoR&amp;QA ADoPC DDoN</p>												
<b>12.0 ANY OTHER BUSINESS</b> <i>Urgent Items by Prior Notice</i>														
<p>There was no other business to discuss.</p>	<p><b>Decision:</b> Noted</p>	<p>Chair</p>												
<b>13.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>														
<table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> </tr> </thead> <tbody> <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> </tbody> </table>	Date	Time	Venue	Thursday 14 July 2016	13:00	Board Room, Health Place, Brigg	Thursday 8 September 2016	13:00	Board Room, Health Place, Brigg	Thursday 10 November 2016	13:00	Board Room, Health Place, Brigg	<p><b>Decision:</b> Noted</p>	<p>Chair</p>
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