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<b>JOINT PRIMARY CARE COMMISSIONING COMMITTEE</b>	
<b>MEETING:</b>	Nineteenth Meeting in Public of the Joint Primary Care Commissioning Committee
<b>MEETING DATE:</b>	Thursday 26 April 2018
<b>VENUE:</b>	Board Room, Health Place, Wrawby Road, Brigg.
<b>TIME:</b>	16:15 pm -17.45 pm

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Janice Keilthy	Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Heather McSharry	Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Chris Clarke	Senior Commissioning Manager	NHS England
Erica Ellerington	Primary Care Contracts Manager	NHS England – North Yorkshire and the Humber
Emma Sayner	Chief Finance Officer	
Catherine Wylie	Director of Nursing & Quality	NHS North Lincolnshire CCG
Dr Margaret Sanderson	Chair NLCCG	NHS North Lincolnshire CCG
Dr Salim Modan	GP Member	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler	Medical Director	
Dr Andrew Lee	GP – Clinical Lead	NHS North Lincolnshire CCG
Penny Spring	Director of Public Health	North Lincolnshire Council
Dr Wendy Barker	Deputy Director of Nursing	NHS England - North Yorkshire and the Humber
Carol Lightburn	Chair	Healthwatch North Lincolnshire
Lorna Wakefield (Rep Amalia Booker)	General Practice Resilience Lead	Local Medical Committee (LMC)
<b>IN ATTENDANCE:</b>		
Sally Andrews	PA – To record the minutes	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Emma Latimer	Accountable Officer	NHS North Lincolnshire CCG
Julie Warren	Turnaround Director	NHS North Lincolnshire CCG
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Richard Young	Director of Primary Care	NHS North Lincolnshire CCG
Erika Stoddart	Lay Member - Governance	NHS North Lincolnshire CCG
Helen Phillips	Programme Lead	NHS England – North Yorkshire and the Humber
Amalia Booker	Director of Operations	Local Medical Committee (LMC)

## 1.0 WELCOME, INTRODUCTIONS, APOLOGIES AND QUORACY

### 1.1 WELCOME

The Chair opened the meeting and welcomed attendees to the nineteenth meeting “in public” of the Joint Primary Care Commissioning Committee. It was noted that the

meeting was a meeting in public and not a public meeting; therefore there is no public question time as part of the agenda.

## 1.2 INTRODUCTIONS

The Chair led the introductions of attendees.

## 1.3 APOLOGIES

**Agreed outcome:**

(a)	Apologies for absence were received, noted and approved
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## 1.4 QUORACY

**Agreed outcome:**

(a)	The Chair confirmed the meeting was quorate to proceed.
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## 2.0 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are reminded of the need to declare:

- (i) Any interests which are relevant or material to the CCG;
- (ii) Any changes in interest previously declared; or
- (iii) Any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;

To be declared under this section and at the top of the agenda item which it relates to.

Name	Agenda No	Nature of Interest/Action Taken
Dr Margaret Sanderson	9.0	Direct Pecuniary interest as a Provider as part of the Transformational Fund Bid
Dr Salim Modan	9.0	Direct Pecuniary interest as a Provider as part of the Transformational Fund Bid
Dr Andrew Lee	9.0	Direct Pecuniary interest as a Provider as part of the Transformational Fund Bid

**Agreed outcome:**

(a)	Members noted the pecuniary interests declared by Dr Sanderson; Dr Modan and Dr Lee in relation to Agenda item 9.0 – Transformational Fund.
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## 3.0 MINUTES OF THE MEETING HELD ON 22 FEBRUARY 2018

The minutes of the meeting of 22 February 2018 were considered for approval.

**Agreed outcome:**

(a)	The minutes of the meeting of 22 February 2018 were approved as an accurate record of proceedings.
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### 3.1 MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 22 FEBRUARY 2018

#### (i) Minute 4 Primary Care Dashboard and GP Practice Level Quality Monitoring Report

**Flu Vaccination** – CW confirmed that the vaccination figures for the “under 65’s at risk” and “pregnant women not at risk” categories were positive. There had been some contracting issues with NLaG and the pilot funding was looked at in depth last year; remain steady indicates they are doing what they can with the resources available. The reason for the deterioration in figures is understood and it is also recognised this is an upward climb and the figures will be subject to fluctuations. The CCG continues to work closely with NLaG in this area.

**(ii) The Elephant Kiosks** – The Primary Care Contracts Manager provided an update on the situation with the 18 machines in storage; she explained that they all require a software update before they can be installed into Practices and quotes are being sought to provide the software update.

**Agreed outcome:**

(a)	<b>A progress update on the Elephant Kiosks to be provided at the next meeting.</b>
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#### Minute 8 - Provider Forum Update

The Primary Care Contracts Manager informed members that it had not been possible to secure a suitable venue to hold the Forum in March.

**Agreed outcome:**

(a)	<b>Members noted that the Provider Forum will take place on 14 May 2018 at Health Place, Brigg.</b>
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#### Minute 10 – Transformational Fund

**Agreed outcome:**

(a)	<b>It was confirmed that this item will be covered under item 9 on today’s agenda.</b>
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### 4.0 COMMITTEE ACTION TRACKER

**(i) 4.** Previously purchased EleKiosks to be made available to general practice.

**Agreed outcome:**

(a)	<b>Matters arising 3(ii) refers – retain on tracker</b>
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**(ii) 4.** Primary Care Dashboard to be presented to every other meeting of the Committee.

**Agreed outcome:**

(a)	<b>Retain – new format dashboard to be presented at 28 June 2018 meeting.</b>
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**(iii) 5** Committee Workplan reviewed and the final version presented to the 26 April meeting for approval.

**Agreed outcome**

(a)	<b>Item 13 refers – remove from Action tracker</b>
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**(iv) 7** Interim extended access contract.

**Agreed outcome**

(a)	<b>To be addressed under the Private agenda for this meeting</b>
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**(v) 10** Transformational Fund bids

**Agreed outcome**

<b>(a)</b>	<b>Agenda item 9 refers</b>
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**(vi) 10 Online Consulting Programme**

**Agreed outcome**

<b>(a)</b>	<b>Agenda item 10 refers – remove from Action tracker</b>
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**5.0 PRIMARY CARE DASHBOARD AND GP PRACTICE LEVEL QUALITY MONITORING REPORT**

**Agreed outcome:**

<b>(a)</b>	<b>This item is deferred to the Primary Care Joint Commissioning Meeting of 28 June 2018.</b>
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**6.0 FINANCE REPORT**

The Chief Finance Officer referred members to the report previously circulated. The report details the Provisional Out-turn (subject to Audit) for all the Primary Care Budgets for the financial year April 2017 – March 2018. Members were advised that in terms of NHS England expenditure, the additional support allocations of £500,000 for 2017/18 was not expended and there was a circa £89K underspend on Indemnity costs.

For CCG based expenditure, the overspend on Prescribing budgets (net of any QIPP savings achieved) continued through to the end of the year, and amounted to circa £3.5 million. There was also a modest underspend on the Local Enhanced Services (LES) of circa 48K due to lower than expected practice claims for work performed, and the unused contingency for in list size changes.

The third column from the end indicated the true position from variances, there is no pattern change to profile spends.

The Medical Director pointed out that the overspend on Meds Management is less than anticipated (3.5m from 4.1m) due to the efforts of the QIPP management team.

The Chief Finance Officer advised that there is approximately £130K PMS funding for allocation in accordance with a CCG plan being submitted to NHSE. This is a priority within the Primary Care Team Workplan.

**Agreed outcome:**

<b>(a)</b>	<b>The Director of Primary Care will liaise with the Council of Members (CoM) about the development and submission of a PMS reinvestment work plan.</b>
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**7.0 CONTRACT ISSUES/PRACTICE MERGERS**

**Agreed outcome:**

<b>(a)</b>	<b>The Primary Care Contracts Manager advised that there were no Contract Issues/Practice Mergers to report to the Joint Primary Care Commissioning Committee this month.</b>
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**8.0 JOINT PRIMARY CARE COMMISSIONING COMMITTEE REVISED TERMS OF REFERENCE**

**(i) Name of Committee**

The Primary Care Contracts Managers referred members to the report previously circulated. She advised members that the correct name of the Committee is Joint

Primary Care Commissioning Committee. Joint must be included as the CCG is not delegated

**Agreed outcome:**

(a)	<b>Members note that the correct name for the Committee is Joint Primary Care Commissioning Committee.</b>
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**(ii) Membership**

**Agreed outcome:**

(a)	<b>Members note that the number of GP's on the Joint Primary Care Commissioning Committee has increased to 3.</b>
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**(iii) Secondary Care Doctor CCG Governing Body**

The NLCCG Chair pointed out that the Secondary Care Doctor as a member will need to be removed as he is contracted for 1 session per month which is taken up by reading time and attendance at the Governing Body meetings. The Lay member, Equality & Diversity thought that the previous Chief Officer had asked him to be a virtual member and was that still the case?

**Agreed outcome:**

(a)	<b>The Chair of the Joint Primary Care Commissioning Committee to contact the Secondary Care Doctor to establish if a virtual role on the Joint Primary Care Commissioning Committee is a viable proposition.</b>
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**(iv) Quoracy (section 15)**

**Agreed outcome:**

(a)	<b>The Joint Primary Care Commissioning Committee requested that a GP must be specified as part of the quoracy for a meeting of the Joint Primary Care Commissioning Committee.</b>
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**(v) Review of Terms of Reference (section 23)**

**Agreed outcome:**

(a)	<b>The Joint Primary Care Commissioning Committee agreed that the Terms of Reference are to be reviewed annually, not from time to time as is currently specified.</b>
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**(vi) Schedule 1 – Draft Delegation**

**Agreed outcome**

(a)	<b>The Primary Care Contracts Manager to obtain clarification from the Primary Care Director about Schedule1 – Draft Delegation – Appendix 1 referred to in the Terms of Reference.</b>
(b)	<b>It was clarified and confirmed that if there was a 50/50 split following a vote. NHSE have the veto on issues relating to Primary Care Contracting issues.</b>

**Agreed outcome:**

(a)	<b>The Primary Care Contracts Manager to incorporate the amendments and the revised draft Terms of Reference will be considered at the next Joint Primary Care Commissioning Committee meeting.</b>
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To be declared under this section and at the top of the agenda item which it relates to.

Name	Agenda No	Nature of Interest/Action Taken
Dr Margaret Sanderson	9.0	Direct Pecuniary interest as a Provider as part of the Transformational Fund Bid
Dr Salim Modan	9.0	Direct Pecuniary interest as a Provider as part of the Transformational Fund Bid
Dr Andrew Lee	9.0	Direct Pecuniary interest as a Provider as part of the Transformational Fund Bid

## 9.0 TRANSFORMATIONAL FUND

The Primary Care Contracts Manager referred to the paper previously circulated. The NHS Operational Planning and Contracting Guidance 2017 – 2019 requires the CCG to make available a sum of £3 in total per head of population for transformational support over the financial years 2017-2018 and 2018-2019. The CCG have agreed that this investment would take place in 2018-2019. Practices were consulted in early January 2018 and one patch wide bid on behalf of all Practices was received from Safecare Ltd with a request to utilise the funding to provide a 2 year physiotherapy service to patients within general practice. Both the Director of Primary Care and the Primary Care Contracts Manager have met with Safecare Ltd and a Task and Finish Group established.

Members were asked to consider the Transformational Fund Bid and provide a recommendation to the CCG Board.

Members discussed the Transformational Fund Bid and recommended that the following areas of the bid be amended:

### KPI's

Issues were raised regarding Provider access to CCG Prescribing data.

#### Agreed outcome:

(a)	<b>Members did not support the prescribing KPI and request that this is reviewed.</b>
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Members expressed concern about the likelihood of recruiting 4.5 wte physiotherapists could be recruited, in what is a shortage specialist area. The Primary Care Contracts Manager confirmed that the Programme funding would be released on phased approach and recruitment would be a key milestone.

#### Agreed outcome:

(a)	<b>The Joint Primary Care Commissioning Committee felt unable to approve the Transformational Fund Bid in its current format and request that a full specification is presented at the next meeting for consideration.</b>
(b)	<b>Consider removing prescribing KPI's from the Transformational Fund Bid.</b>
(c)	<b>Quality KPI's to be reviewed when preparing the revised specification.</b>
(d)	<b>The Equality impact sections of the report cover to be completed.</b>

## 10.0 NHS ENGLAND UPDATE REPORT

The Senior Commissioning Manager introduced the NHS England Update Report.

### (1) Outcome of GMS 2018/19 Contract Negotiations

CC referred to the NHS England letter (Appendix 1 of the report) which confirms the outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) on amendments that will apply to GP contracts in England in 2018/19.

The key principles agreed are:

Full implementation of NHS e-Referral Service (e-RS) from October 2018

Amendment of Regulations to support introduction of phase 4 of the Electronic Prescription Service (EPS)

Replacement of the National Quality Requirements (NQR) with new Key Performance Indicators (KPIs)

A commitment to work together to support further use of NHS 111 direct booking into GP practices

Agreement that practices must not advertise private providers of GP services where that service should be provided, free of charge, on the NHS.

**Agreed outcome:**

<b>(a)</b>	<b>The Joint Primary Care Commissioning Committee noted the outcome of the GMS 2018/19 Contract Negotiations.</b>
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**(2) Quality and Outcomes Framework (QOF)**

The Senior Commissioning Manager informed the meeting that GP Practices had a deadline of 23 March 2018 to accept the QOF offer on CQRS for 2018/19. Members were informed that 100% of Practices signed up.

**Agreed outcome:**

<b>(a)</b>	<b>The Joint Primary Care Commissioning Committee noted the Quality and Outcomes update.</b>
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**(3) Estates, Technology & Transformation Fund (ETTF) Update**

Riverside (Broughton) – Is currently awaiting confirmation of a schedule of works from the contractor. It is planned that works will commence on site in early May 2018. Whilst these works are underway, the practice will utilise Bridge Street Practices branch surgery in Broughton to minimise any disruption to patients.

Riverside – this project is being re-phased to include the ground floor clinical areas/extension in phase 1 and the first floor in phase 2. NHSE are currently working with the practice to explore options for securing BAU funding to support phase 2.

Ancora – The tender documentation is currently being finalised. The practice is in the early stages of preparing the surgery for the building works to commence as soon as possible.

**Agreed outcome:**

<b>(a)</b>	<b>The Joint Primary Care Commissioning Committee noted the Estates, Technology and Transformation Fund (ETTF) update.</b>
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**(4) Online Consultation Fund**

The STP wide procurement for the online consulting provider is now complete. The contract has been awarded to Wiggly Amps.

Undertaking the procurement at scale across Humber Coast and Vale has drastically reduced the licence fees PAID per patient. Costs within the successful tender are £0.26 per patient in year one, and £0.24 per patient in years two and three. For

comparison, practices currently using an online consulting platform in Hull and East Riding are paying £0.88 per patient on a one year contract term.

A short pilot will be undertaken in North Lincolnshire on behalf of Humber Coast and Vale to fully understand how the system does and could operate at federation/network level. This will also be an opportunity to highlight any issues and teething problems before rolling out more widely. Those practices leading the pilot in North Lincolnshire will receive a higher level of technical and project support in practice.

In keeping with delivering this programme at STP level, all CCGs have agreed to ring fence 30% of their year one funding to deliver effective patient communications and engagement. Work is ongoing with Hull CCG with a view to hosting this service and a further update will be available for the next meeting.

Additional national funding has been secured to supply participating practices with iPads so that patients can be encouraged to 'try it out' whilst visiting the practice.

**Agreed outcome:**

(a)	<b>The Primary Care Joint Commissioning Committee noted the Online Consultation Fund update.</b>
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**(5) NHSE Policy change**

The Senior Commissioning Manager advised the meeting that NHSE regulations around violent patients are changing.

**Agreed outcome:**

(a)	<b>The Senior Commissioning Manager will bring the revised NHSE policy on violent patients to the next Primary Care Joint Commissioning Committee meeting.</b>
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**11.0 NORTH LINCOLNSHIRE ESTATES REVIEW UPDATE**

This item was covered earlier in the meeting under agenda item 10.3 Estates, Technology & Transformation Fund (ETTF) Update.

**12.0 PROVIDER FORUM**

The Senior Commissioning Manager informed the meeting that a strategic review of Estate condition is underway.

**Agreed outcome:**

(a)	<b>The Senior Commissioning Manager advised members that the report is scheduled to be finalised in July and will be brought to the August meeting.</b>
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**13.0 DRAFT JPCCC WORKPLAN 2018/19**

**Agreed outcome:**

(a)	<b>The Joint Primary Care Commissioning Committee approved the Primary Care Joint Commissioning Committee workplan for 2018/19.</b>
(b)	<b>The Joint Primary Care Commissioning Committee request that any items for consideration/action at every meeting be classed as standing items and entered onto the work plan as such.</b>

**14.0 ANY OTHER BUSINESS *Urgent items by prior notice***

**Agreed outcome:**

(a)	<b>The Chair confirmed that there were no items for consideration under this item.</b>
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## **15.0 DATE AND TIME OF NEXT PUBLIC MEETINGS**

<b>Date</b>	<b>Time</b>	<b>Venue</b>
Thursday 23 August 2018	16.15 – 17.30	Board Room, Health Place, Brigg.
Thursday 25 October 2018	16.15 – 17.30	Board Room, Health Place, Brigg.
Thursday 27 December 2018	16.15 – 17.30	Board Room, Health Place, Brigg.

DRAFT