



JOINT PRIMARY CARE COMMISSIONING COMMITTEE

MEETING:	Twenty First Meeting in Public of the Joint Primary Care Commissioning Committee
MEETING DATE:	25 October 2018
VENUE:	Board Room, Health Place, Wrawby Road, Brigg.
TIME:	16.15 - 17.45 pm

PRESENT:

NAME	TITLE	SERVICE/AGENCY
Janice Keilthy - Chair	Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Heather McSharry - Vice Chair	Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Dr Satpal Shekhawat	Associate Medical Director	NHS North Lincolnshire CCG
Erika Stoddart	Lay Member - Governance	NHS North Lincolnshire CCG
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Dr Faisal Baig	Chair, NL CCG	NHS North Lincolnshire CCG
Dr Salim Modan	GP Member	NHS North Lincolnshire CCG
Dr Andrew Lee	GP – Clinical Lead	NHS North Lincolnshire CCG
Dr Wendy Barker	Deputy Director of Nursing	NHS England - North Yorkshire and the Humber
Chris Clarke	Senior Commissioning Manager	NHS England
Erica Ellerington	Primary Care Contracts Manager	NHS England – North Yorkshire and the Humber
Helen Phillips	Programme Lead	NHS England – North Yorkshire and the Humber
Carol Lightburn	Chair	Healthwatch North Lincolnshire
Cheryl George	Consultant in Public Health	North Lincolnshire Council

IN ATTENDANCE:

Sally Andrews	Project Officer/PA To record the minutes	NHS North Lincolnshire CCG
Alex Seale	Chief Operating Officer - Designate	NHS North Lincolnshire CCG

APOLOGIES:

NAME	TITLE	SERVICE/AGENCY
Emma Latimer	Accountable Officer	NHS North Lincolnshire CCG

Emma Sayner	Chief Finance Officer	NHS North Lincolnshire CCG
Julie Warren	Interim Chief Operating Officer/Director of Commissioning	NHS North Lincolnshire CCG
Clare Linley	Director of Nursing & Quality	NHS North Lincolnshire CCG
Amalia Booker	Director of Operations	Local Medical Committee (LMC)
Penny Spring	Director of Public Health	North Lincolnshire Council

1.0 WELCOME, INTRODUCTIONS

1.1 WELCOME

The Chair opened the meeting and welcomed attendees to the twenty first meeting of the Joint Primary Care Commissioning Committee. Dr Satpal Shekhawat – Associate Medical Director and Alex Seale – Chief Operating Officer – Designate were welcomed the their first meeting. 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.

2.0 APOLOGIES & QUORACY

2.1 APOLOGIES

Agreed outcome:

(a)	Apologies for absence were received, approved and noted from: Emma Latimer – Accountable Officer – NL CCG Emma Sayner – Chief Finance Officer – NL CCG Julie Warren – Interim Chief Operating Officer/Director of Commissioning - NLCCG Clare Linley – Director of Nursing & Quality – NL CCG Amalia Booker – Director of Operations - LMC Penny Spring – Director of Public Health - NLC
------------	--

2.2 QUORACY

Agreed outcome:

(a)	The Chair confirmed the meeting was quorate to proceed.
------------	--

3.0 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.

Agreed outcome:

(a)	The Chair advised that she was a patient at the Bridge Street Surgery.
(b)	The Vice Chair advised she was a patient at the Riverside Surgery.
(c)	Dr Baig, Dr Modan, Dr Shekhawat and Dr Lee declared pecuniary interests as practicing GP's in NL CCG.

4.0 MINUTES OF THE MEETING HELD ON 23 AUGUST 2018

The minutes of the meeting of 23 August 2018 were considered for approval.

Agreed outcome:

(a)	<p>The following amendments were raised and agreed:</p> <p>Page 1 – Apologies: - “Fasil Baig” to read “Faisel Baig”</p> <p>Page 3 - 7.0 Terms of Reference – “Dr Salim” to read “Dr Modan”</p> <p>Page 5 - 9.0 Workforce Development Update – “It was noted that NL CCG” to read “It was noted that NEL CCG”</p> <p>Page 7 – 12.0 NHS Update – Resilience Programme – “Humberside LMC and York” to read “Humberside LMC and North Yorkshire”</p> <p>Page 8 – 12.0 NHS Update – Review of dispensing lists</p> <p>(i) “Patients still dispensing” to read “patients are still flagged as dispensing”.</p> <p>(ii) envisioned to read envisaged</p> <p>(ii) FHSAU to read FHSA – Family Health Services Appeal Authority</p> <p>Page 10 – Final paragraph, insert: “It was advised that the Desmond programme wasn’t appropriate for inclusion in the specification - Care for Patients with Diabetes as the Desmond programme is aimed at pre-diabetic patients”.</p> <p>Subject to the agreed amendments the minutes of the meeting of 23 August 2018 were approved as an accurate record of proceedings.</p>
-----	---

4.1 MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 23 AUGUST 2018

(a)	There were no matters arising from the minutes of the meeting of 23 August 2018
-----	---

5.0 REVIEW OF COMMITTEE ACTION TRACKER AND WORKPLAN

The Primary Care Contracts Manager circulated to members an updated version of the action tracker which showed details that all bar 2 actions had been actioned and closed.

Date	Action	Update
23.08.18	Chair to contact the ICOO regarding Conflicts of Interest and quoracy for all NL CCG committee meetings where GP's are present.	The Chair reported she had spoken to the ICOO who confirmed that a paper was presented to Council of Members. Chairs' have been updated on managing Conflicts of Interest declarations and voting at

		meetings. Action closed - remove from Tracker
23.08.18	Terminology in Focus Area 3 i.e. Beers criteria and de-prescribing in focus area 2. Programme Lead, NHS England – North Yorkshire & the Humber to circulate the terminology to the Committee as an addendum.	The Programme Lead – North Yorkshire & the Humber confirmed that the terminology was circulated as an appendix in the final specification. Action closed – remove from Tracker

The Primary care Contracts Manager confirmed that as of today the workplan was up to date. (Estates review is an agenda item for today's meeting).

6.0 RISK REGISTER

The Primary Care Contract Manager referred members to the Risk Register, previously circulated.

Risk ID PC 9 – There is a risk that no providers respond to the long term procurement for extended access.

The DoPC updated the meeting, regarding an interim provider for Extended Access; the PIN notice is out and it will shortly be known if there are any expressions of interest.

Risk ID PC10

International recruitment – The CCG received funding for 13 GP's to be recruited to NL CCG. Visits have taken place to those Practices who expressed an interest. There are currently 8 confirmed vacancies and a further potential 2 vacancies resulting in insufficient places for the 13 GP's to be recruited. It is a two year programme and is a longer process than initially anticipated. A request has been made to extend the programme into a third year and the CCG is awaiting a formal response to the request. There is a support officer working with Practices and the Federation. Dr FB confirmed that the Safecare Federation will provide support to ensure 13 GP's secure placements.

Dr AL pointed out that the wording supporting Risk ID's PC10 and PC12 do not read as a risk statement but as a process.

Agreed outcome:

(a)	That the text supporting Risk ID's PC 10 and PC 12 be reworded for each to read as a risk.
-----	---

7.0 EXTENDED ACCESS UPDATE

The General Practice Forward View (GPFV) published in April 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services, the deadline for implementing extended access was brought forward to **1st October 2018**.

As part of the wider procurement of the Urgent Treatment Centre and GP Out of Hours, the CCG agreed that the Extended Access service would form part of the joined up approach.

In order to ensure that the service would be delivered by 1st October 2018, it was agreed that an interim 6 month contract would be awarded.

CONTRACT AWARD

Following approval of the provider proposal by the Chief Finance Officer and Lay Member Governance (as delegated by the Board), a contract award was made to Safecare and Core Care Links from the period 1st October 2018 to 31st March 2019. The contract was signed by all parties on 14th September 2018.

A Contract Award Notice (CAN) has now been published to inform the market of the CCG's actions, and future intention to procure this service as part of the Urgent Treatment Centre contract.

CONFIRMATION OF SERVICE GO LIVE The service was successfully implemented and patients have been able to book extended access appointments from 1st October 2018.

PLANNED PATIENT ENGAGEMENT Recognising the importance of patient engagement, a comprehensive communication plan has been developed with the CCG Communication team.

The Chair informed the meeting that this was discussed at PPG, it was a good discussion but there still appears to be a communication issue about Extended Access and UTC. The DoPC confirmed that the communication plan developed with the Communications Team is intensive and comprehensive and will aim to address areas of concern.

The DoPC paid tribute to the Primary Care Team and providers who have worked as a true partnership to achieve such a lot in a short space of time.

Accessing patients' records:

Agreed outcome:

- | | |
|-----|--|
| (a) | The Programme Lead – North Yorks and Humber confirmed that problems experience with accessing patients records will be raised with the national team. |
|-----|--|

Prescribing - The Primary Care Contracts Manager confirmed that work is ongoing with prescribing issues raised.

Agreed outcome:

- | | |
|-----|---|
| (a) | It was reported that Meds Management is in the process of setting up prescribing codes for the Extended Access Service |
|-----|---|

The DoPC confirmed that equity of access is being monitored. The number of appointments and take up by Practices will be reported back to the meeting. GP's are doing this voluntarily and quality will also be monitored.

The Primary Care Contracts Manager confirmed that meetings with the providers will be held on a monthly basis.

8.0 DRAFT NL CCG PRIMARY CARE WORKFORCE STRATEGY

The Programme Lead referred members to the Draft NL CCG Primary Care Workforce Strategy, previously circulated to members. The Workforce Strategy has been agreed at STP level and the same format has been used across 6 CCG's. It will feed into the Primary Care Workforce Strategy meeting and enable the STP to look at proposals for funding. The Strategy provides an outline of how North Lincolnshire CCG will work with staff, partners and local communities to develop the workforce and secure improved health and wellbeing for local people. It focuses on how the CCG will develop the general practice workforce whilst addressing a number of challenges that are increasingly impacting on the ability to transform into new models of health and care provision. Members discussed some of the areas mentioned in the report, people are living longer but often with multiple healthcare needs; NL CCG has an aging clinical workforce (presently 26% of GP's and 30% of nurses across North Lincolnshire are over the age of 55); a move to deliver more health services out of hospital for patients who would historically have received care in hospital; an increase in the demand on local GP services and the complexity of need for patients with long term conditions; and increased role for General Practice to support ill-health prevention as well as health promotion including encouraging patients to take responsibility for their own health and wellbeing; skills and workforce shortages as well as challenges to recruitment and retention of staff in some specialities.

There are 4 development plans to develop (specified at the end of the strategy): Developing and promoting new ways of working through a blended team approach; Developing and promoting new roles; Promoting North Lincolnshire as a great place to work and attract new staff and Retaining and developing the current workforce, valuing experience and supporting flexible approaches to work. The Programme Lead will liaise with Managers about how to populate the development plan.

Agreed outcome:

(a)	Members to forward any comments to the Programme Lead.
(b)	The Programme Lead and the Consultant in Public Health to meet to discuss the LA Workforce model and potential links.

Members discussed the lack of information relating to staff in Primary Care, the Apex workforce tool should provide more detailed information.

9.0 TRANSFORMATIONAL FUND UPDATE Heather McSharry declared an interest as a patient at Riverside Surgery

The Primary Care Contracts Manager informed the meeting that The NHS Operational Planning and Contracting Guidance 2017-2019 required the CCG to make available a sum of £3 in total per head of population for transformational support over the financial years 2017/18 and 2018/19.

At the Committee meeting on 21st December 2017, it was agreed that practices would be offered the opportunity to bid against the £3 per head Transformational Fund, provided bids were from a minimum of Care Network level. The CCG has received one, patch wide bid to provide a physiotherapy service to patients within general practice.

Following a series of meetings with the service lead, and gaining the various approvals within the CCG, the contract for a First Point of Contact Physiotherapy Service was signed in August 2018.

The service went live in practice on 1st October 2018, with a planned phased rollout. By January 2019, full coverage of the service will be achieved. Monthly Contract review meetings are currently being arranged with the provider.

The CCG's Communications Team have met with the provider, and GP lead (Dr J Wilkinson) in order to agree a plan for patient engagement. The engagement proposals will be communicated to practices.

The Primary Care Contracts Manager informed the meeting that the £3 per head Transformation Fund has not been fully committed and other options are being looked into. Any further Transformation Fund proposals will be brought back to the meeting for consideration.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the Transformation Fund update.
------------	--

10.0 Item deferred

11.0 ESTATES REVIEW – DRAFT REPORT

The Senior Commissioning Manager – NHSE provided an update on the Estates review:

Ashby Turn – There has been an application to extend the lease for the Surgery premises. The Practice has applied (in line with the premises directions) for this to be approved by NHS England. The surgery premises are currently leased through a private landlord Assura and the current lease will expire on 17.04.2015. The landlord has been negotiating with the Practice to extend the lease for a further term totalling 21 years. The landlord has agreed an investment and incentive plan to help refurbish and upgrade the premises. The premises are well maintained and meet the required standards for reimbursement of rent. The rental review cycle has been realigned to the usual 3 years from the current 5 years. This regularises arrangements in line with the majority of similarly leased properties. The cost of the engagement with the district valuer will also increase proportionately, the uplift to the rent in line with the lease terms will in effect be brought forward. NHSE/CCG should give careful consideration to strategic commissioning in intentions and estates plans to ensure that any potential for the future relocation of the service is not compromised. The NHSE view is that whilst recognising the absence of a suitable and viable alternative to the existing premises in the immediate and medium term; and recognising the quality of the existing facility, the application is supported

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee approve the extension of the lease for the Surgery Premises at Ashby Turn.
------------	--

Ancorra – The Practice is expanding into a neighbouring property. The build started on time in September and has funding allocated.

Riverside – The cost of the build has increased. A business justification case has received support and the increased costs will be met.

Broughton scheme – An application to buy additional land at no additional costs has been made. It is out to planning again and the project will be managed within the cost envelope.

The project will start realistically in January and there will be regular tracker updates for finances.

Strategy work with City Care – There was a meeting on 9 October mapping population and housing. The first draft is expected next month. How it is communicated needs to be planned.

Schemes going ahead are going ahead; Practices who have chosen to forgo rent revenue on Practices will not cost the CCG anything.

The Chair thanked the Senior Commissioning Manager – NHSE for the Estates Review update.

Agreed outcome

(a)	The Joint Primary Care Commissioning Committee received and noted the Estates review update.
-----	---

12.0 NHS ENGLAND UPDATE

The Primary Care Contracts Manager presented the NHSE Update.

Contract changes - NHS England received a GMS Contract Change to Partnership request from Ancora Medical Practice on 10th October 2018. Dr Suprabha Heggade has been added to the Partnership with effect from 1st October 2018.

Primary Care Finance - Month 6 is now showing a YTD overspend of £149K against an overspend of £80K last month, the main reasons for the movement relates to contract uplift amendment, additional sickness claim not known last month & dispensing doctors variance. (Full details included in Appendix 1 of the report).

In summary;

APMS – YTD underspend (£19.8k) due to budget set on 17/18 contract value rather than revised lower contract value with Core Care Ltd which commenced in 18/19.

Dispensing Doctors - This data is 2 months in arrears, therefore the accruals are for August & September. The accruals are based on 17/18 costs with expected 1/8.19 prices and volume increase assumption based on national increases. A couple of practices appear to be overspending compared to last year which is being monitored.

Enhanced Services – overall £22.6k overspend.

Extended Hours - accruals have been entered based on forecasts for practices that signed up last year. YTD £15.7k overspend due to Central Surgery undertaking the ES in 18/19 & not in 17/18 therefore not budgeted for.

Learning Disabilities – Accrued to forecast (either based on pro-rata YTD spend or budget where there has been no spend for 18/19 as yet). YTD +£8.6k

Minor Surgery – Accrued to forecast (as LD). YTD -1.7k

GMS - Global Sum is per the current list sizes to date, variance due to list size changes (-£3k) & the additional uplift announced recently (£1.04 per weighted head less an additional £0.05 Out of hours deduction) which is currently unfunded but will be paid to practices in October (£88k).

PMS – accrued out PMS Premium. The YTD variance relates to additional uplift overspend (£12.6K) not budgeted as not known during budget setting exercise (£1.04 per weighted head less an additional £0.05 Out of hours deduction), (-£5.4K) list size adjustment and (-£0.18) Out of Hours Adjustment.

Other GP Services – overall £27.6k overspend.

Maternity/sickness claims – currently underspending by £1.5k. Maternity/Sickness claims are difficult to predict, we are monitoring this closely.

CQC - accrued as per actual claims and estimated for those due. The calculation has changed for 18/19 and the budget was based on the calculation for 17/18. YTD £6.2k overspend.

Seniority – YTD variance -£16.9k based on 17/18 actual less phasing reduction.

Needle & Syringes - minimal overspend based on actual activity spent.

Occupational Health – accrual based on 17/18 invoices as no invoices for 18/19 have been received yet, showing a YTD overspend of £1.3k.

Retainers - overspending by £10.4k YTD as per current approved retainers.

QIPP target – there is a negative annual budget of £55k as budgeted costs are greater than the CCG allocation, therefore YTD £27.3k overspent

Premises – overall £1.5K overspend

QOF - The accrual for QOF achievement is based on 17/18 points and prevalence at 18/19 price with a 0.7% demographic growth assumption, YTD variance £6.4k.

GP Annual Electronic Declaration (e-Dec) 2018/19

The next General Practice Annual Electronic Declaration (eDEC) for 2018/19 has been finalised and will be open to receive submissions for general practice over a six week period: from **Wednesday 24th October to Wednesday 5th December 2018**. A letter (Appendix 2 of the report) has been sent to all Practices.

Online Consulting Update

Five practices have now gone live with online consult; Riverside Surgery, Bridge Street and Barnetby, Ancora and Cambridge Avenue with an additional 2 practices with agreed deployment dates. A further 3 practices have shown interest and are currently working through the process with the programme project manager.

This has potential patient population coverage of 90,961.

A website has been developed to track progress in North Yorkshire and the Humber

<https://sites.google.com/riperian.co.uk/hcv-online-consultation/home>

Apex insight Tool

The Contract for the supply of the Apex Insight Tool has now been signed off by North East Lincolnshire CCG, who agreed to hold the contract on behalf of the STP.

Programme support has been secured; Sarah Jenkins who currently supports the International Recruitment programme will assist the Humber CCGs with the co-ordination of the programme rollout. Some quick wins will be explored with John Mitchell's team

An initial Steering Group meeting is scheduled for **24th October 2018**.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the NHS England update.
-----	--

13.0 10 HIGH IMPACT ACTIONS POSITION UPDATE

The Primary Care Contract Manager – NHSE introduced the report. As part of the General Practice Forward View, NHS England has collected and shared examples of ways general practice can manage their workload through working smarter. These were grouped into ten areas, the **10 High Impact Actions to release time for care**. These are all ways of working that have been found to simultaneously release clinician time and improve care for patients. In each area, there are several specific changes which could be implemented to make a difference. In addition to helping the practice serve its patients better through releasing staff time, many of these innovations offer a direct improvement for the patient.

The 10 High Impact Actions are: 1: Active Signposting; 2: New consultation types; 3: Reduce DNA's (did not attend); 4: Develop the team; 5: Productive work flows; 6: Personal Productivity; 7: Partnership working; 8: Use Social Prescribing; 9: Support self-care and management and 10: Build QI (Quality Improvement) expertise.

Members discussed the progress detailed for each heading. It was acknowledged that this was exciting times for NL CCG. Dr SM felt this was an ideal opportunity to share good practice amongst the 19 practices; for GP's and NL CCG to work in collaboration to create a positive environment for patients. Dr SM thanked the Director of Primary Care and the Primary Care team for their ongoing support to GP's in the area.

The Primary Care Contract Manager and the Associate Medical Director will arrange to meet to take this forward and will bring progress updates back to the meeting. The Associate Medical Director informed the meeting that Support and Self Care Management will be an area of combined work, using the NL pound and the area will be used to tackle winter pressure.

The Primary Care Contract Manager informed the meeting that she had been invited to be part of the Transforming Community Care Out of Hospital Social Prescribing Task and Finish Group.

Dr AL referred to a recent national announcement relating to the commissioning of mental health services and the impression that Improving Access to Psychological Therapies IAPT was under pressure. The Programme Lead confirmed that NL CCG needs to commission to co-locate mental health therapists.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the
-----	--

	contents of the Releasing Time for Care; 10 High Impact Actions Position Update.
--	---

Due to a direct pecuniary interest as practicing GP's in NL CCG. The Chair respectfully requested that Dr Faisal Baig; Dr Satpal Shekhawat; Dr Salim Modan and Dr Andrew Lee leave the room whilst item 14.0 Proposed Primary Care Quality Scheme and item 15.0 Elderly Care Fund Specification were considered by the Joint Primary Care Commissioning Committee.

Dr Faisal Baig; Dr Satpal Shekhawat; Dr Salim Modan and Dr Andrew Lee withdrew from the meeting for items 14.0 and 15.0

14.0 PROPOSED PRIMARY CARE QUALITY SCHEME (PCQS)

The Programme Lead - NHSE informed the meeting that the Primary Care Quality Scheme was signed off by the Planning and Commissioning Committee.

The Primary Care Quality Scheme (PCQS) provides the mandate to develop a set of outcome measures against which performance will be measured and payments made in relation to four domains of primary care activity. The outcome and payment framework will be subject to annual review, and any changes made to this will be informed by the development of primary care services and agreed in consultation with the CCG.

The aims of the scheme are to:-

Provide the opportunity to shift the balance of resource in the system from Acute to Out of Hospital.

Ensure the best use of NHS resources and clinical skills within the care networks to avoid unnecessary referral. This includes the use of Advice and Guidance

Contribute to the CCG's required financial balance

As a minimum, the scheme is intended to operate for 2018/19 and 2019/20 and will be offered at Care Network level.

The scheme supports and encourages Primary Care to work together, share best practice and develop new ways of working at scale that support both better outcomes for patients and offers the opportunity for innovation.

The Programme lead – NHSE explained the mandatory requirements and the payment framework contained within the report.

The four domains; the scope of the scheme; Governance arrangements; monitoring arrangements; financial schedule and approved uses of cost savings were covered within the report.

Members agree with the principle of the scheme, GP referrals – specific outputs but acknowledged that the lack of information from NLaG was not good enough.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee approved the Primary Care Quality Scheme.
------------	---

15.0 ELDERLY CARE FUND SPECIFICATION

The Programme Lead – NHSE presented the Elderly Care Fund specification for approval. She advised that report writer, The Programme Manager, New Models of Care, was now on secondment. She reported that the specification has been signed by Dr SM, Primary Care lead and Dr FB, Chair, NL CCG. Members discussed the standards, monitoring arrangements and outcomes of the specification.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee approved the Elderly
------------	--

	Care Fund Specification.
--	---------------------------------

At the request of the Chair, Dr Faisel Baig; Dr Satpal Shekhawat; Dr Salim Modan and Dr Andrew Lee re-joined the meeting at 5.30 pm.

16.0 PRIMARY CARE STRATEGY UPDATE

The Primary Care Contract Manager – NHSE confirmed that Primary Care Strategy is on the workplan. New planning guidance is expected, then an update can be provided.

Agreed outcome:

(a)	Remove Primary Care Strategy update as a standing agenda item. Updates will be received via the workplan.
------------	--

17.0 PRIMARY CARE QUALITY DASHBOARD

The Primary Care Contract Manager advised that as the Primary Care Quality Dashboard is taken to the Quality, Performance and Finance Committee it has been decided not to remove the item from the Joint Primary Care Committee. Relevant issues will be brought to the Joint Primary Care Commissioning Committee for attention/action where necessary.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee noted that Primary Care Quality Dashboard will be removed as a standing agenda item.
------------	--

18.0 PRESCRIBING UPDATE

The Primary Care Contract Manager advised that Prescribing Update is taken to the Quality, Performance and Finance Committee it has been decided to remove the item from the Joint Primary Care Committee. Relevant issues will be brought to the Joint Primary Care Commissioning Committee for attention/action where necessary.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee noted that Prescribing Update will be removed as a standing agenda item.
------------	--

19.0 PRIMARY CARE RISK REGISTER – EMERGING RISKS

The Primary Care Contract Manager advised that Primary Care Risk Register – Emerging Risks is a duplication of Risk Register (item 6). As emerging risks are identified they will be included on the Risk Register as a matter of course.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee noted that emerging risks will be removed as a standing agenda item.
------------	--

20.0 DELEGATED COMMISSIONING - UPDATE

The Director of Primary Care informed the meeting that the Council of Members had earlier today voted unanimously in favour of delegated commissioning for NL CCG. The formal application will be submitted to NHSE

Agreed outcome:

(a)	The Joint Primary Care Commissioning noted the Delegated Commissioning update.
------------	---

21.0 ANY OTHER BUSINESS

Urgent items by prior notice

Agreed outcome:

(a)	There were no items were raised for consideration.
-----	--

22.0 DATE AND TIME OF NEXT PUBLIC MEETINGS

Date	Time	Venue
Thursday 3 January 2019	16.15 – 17.30	Board Room, Health Place, Brigg.

Date and Time of Future Meetings

Date	Time	Venue
Thursday 28 February 2019	16.15 – 17.30	Boardroom, Health Place, Brigg
Thursday 25 April 2019	16.15 – 17.30	Boardroom, Health Place, Brigg
Thursday 27 June 2019	16.15 – 17.30	Boardroom, Health Place, Brigg
Thursday 22 August 2019	16.15 – 17.30	Boardroom, Health Place, Brigg
Thursday 24 October 2019	16.15 – 17.30	Boardroom, Health Place, Brigg
Thursday 2 January 2020	16.15 – 17.30	Boardroom, Health Place, Brigg

LIST OF ABBEVIATIONS

LMC	Local Medical Committee
STP	Sustainability & Transformation Plan
ETTF	Estates, Technology & Transformation Fund
BAU	Business as Usual
PID	Project Initiation Document
YORLMC	North Yorkshire Local Medical Committee
IT	Information Technology
NLaG	Northern Lincolnshire & Goole NHS Foundation Trust
FHSAA	Family Health Services Appeal Authority
SAS	Special Allocation Scheme
PCSE	Primary Care Support England
GPwER	GP with Enhanced Role
NELCCG	North East Lincolnshire Clinical Commissioning Group
MOCH	Medicine Optimisation in Care Homes
PhIF	Pharmacy Integrated Fund
PRN	Pro ra nata or “as needed”.