



JOINT PRIMARY CARE COMMISSIONING COMMITTEE

MEETING:	Twenty Second Meeting in Public of the Joint Primary Care Commissioning Committee
MEETING DATE:	3 January 2019
VENUE:	Board Room, Health Place, Wrawby Road, Brigg.
TIME:	16.30 - 17.15

PRESENT:

NAME	TITLE	SERVICE/AGENCY
Janice Keilthy – Chair	Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Alex Seale	Chief Operating Officer	NHS North Lincolnshire CCG
Dr Satpal Shekhawat	Associate Medical Director	NHS North Lincolnshire CCG
Erika Stoddart	Lay Member - Governance	NHS North Lincolnshire CCG
Dr Faisel 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
Dr Andrea Fraser	Chair of North & North East Lincs LMC & Interim Chair of the Board	Local Medical Committee (LMC)

IN ATTENDANCE:

Sally Andrews	Project Officer/PA To record the minutes	NHS North Lincolnshire CCG
Tracey Wartnaby	Primary Care Projects	NHS North Lincolnshire CCG

APOLOGIES:

NAME	TITLE	SERVICE/AGENCY
Emma Latimer	Accountable Officer	NHS North Lincolnshire CCG
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Emma Sayner	Chief Finance Officer	NHS North Lincolnshire CCG

Heather McSharry - Vice Chair	Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Clare Linley	Director of Nursing & Quality	NHS North Lincolnshire CCG
Helen Phillips	Programme Lead	NHS England – North Yorkshire and the Humber
Penny Spring	Director of Public Health	North Lincolnshire Council
Cheryl George	Consultant in Public Health	North Lincolnshire Council
Carol Lightburn	Chair	Healthwatch North Lincolnshire

1.0 WELCOME AND INTRODUCTIONS

1.1 WELCOME

The Chair opened the meeting and welcomed attendees and members of the public to the twenty second meeting, in public, of the Joint Primary Care Commissioning Committee. The Chair led introductions, as Dr Andrea Fraser; Chair of North & North East Lincs LMC & Interim Chair of the Board, was welcomed to her 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 Geoff Day – Director of Primary Care – NL CCG Emma Sayner – Chief Finance Officer – NL CCG Heather McSharry – Lay Member, Equality & Diversity – NL CCG Clare Linley – Director of Nursing & Quality – NL CCG Helen Phillips – Programme Lead - NHSE Penny Spring – Director of Public Health – NLC Cheryl George – Consultant in Public Health – NLC Carol Lightburn – Chair – Healthwatch North Lincolnshire
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2.2 QUORACY

Agreed outcome:

(a)	The Chair confirmed the meeting was quorate to proceed.
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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)	Dr Baig, Dr Modan, Dr Shekhawat, Dr Lee and Dr Fraser declared pecuniary interests as practicing GP's in NL CCG and members of the Safecare Federation.
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4.0 MINUTES OF THE MEETING HELD ON 25 OCTOBER 2018

The minutes of the meeting of 25 October 2018 were considered for approval.

Agreed outcome:

(a)	<p>The following amendments to the minutes were raised and agreed:</p> <p>Page 4 - Minute 6.0 - Risk Register Risk ID PC 10 Delete: Dr FB confirmed that the Safecare Federation will provide support to ensure 13 GP's secure placements. Insert: Dr FB confirmed that the Safecare Federation will do all it can to secure 13 GP's.</p> <p>Page 7 – Minute 11.0 – Estates Review – Draft Report Ashby Turn – amend to read – “the current lease will expire on 17.04.25” (not 17.04.15 as recorded).</p> <p>Page 11 – Minute 15.0 – Elderly Care Fund Specification It was confirmed that the specification has not been signed by Dr FB, Chair. Amend to read “the specification has been signed by Dr SM, Primary Care Lead.”</p> <p>Subject to the agreed amendments the minutes of the meeting of 25 October 2018 were approved as an accurate record of proceedings.</p>
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5.0 MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 25 OCTOBER 2018

(a)	There were no matters arising from the minutes of the meeting of 25 October 2018
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6.0 REVIEW OF COMMITTEE ACTION TRACKER AND WORKPLAN

Date	Action	Update
23.08.18	Estates Review Update draft report to be circulated to the Joint Primary Care Commissioning Committee during September 2018 followed by a full report.	<p>A verbal Update will be provided to the Committee in October. This action will remain open until the final report is received and consulted upon with Practices.</p> <p>03.01.19 Agenda item today retain on</p>

		action log
25.10.18	Risk Register – That the text supporting Risk ID's PC 10 and PC 12 be reworded for each to read as a risk	03.01.19 The Primary Care Contracts Manager informed the meeting the Risk Register is being reviewed and the amendments will be completed by the February meeting. Retain on the action log
25.10.18	Planned Patient Engagement – The Programme Lead – North Yorks & Humber confirmed that problems experienced with accessing patients records will be raised with the national team.	03.01.19 The Primary Care Contracts Manager confirmed this has been raised with the national team and we are awaiting a response. Retain on the action log
25.10.18	Prescribing – It was reported that Meds Management is in the process of setting up prescribing codes for the Extended Access Service.	03.01.19 The Primary Care Contracts Manager confirmed that this is now complete. Unique prescribing codes have been allocated. Close and remove from the action log.
25.10.18	Draft NL CCG Primary Care Workforce Strategy. 1. Members to forward any comments to the Programme Lead. 2. The Programme Lead and the Consultant in Public Health to meet to discuss the LA Workforce model and potential links.	03.01.19 Workforce Strategy is an agenda item. Close and remove from the action log.
25.10.18	Primary Care Strategy Update – Remove Primary Care Strategy update as a standing agenda item. Updates will be received via the workplan.	03.01.19 The Primary Care Contracts Manager confirmed this action is complete. Close and remove from the action log.
25.10.18	Primary Care Quality Dashboard – The Joint Primary Care Commissioning Committee noted that Prescribing Update will be removed as a standing agenda item.	03.01.19 The Primary Care Contracts Manager confirmed this action is complete. Close and remove from the action log.
25.10.18	Primary Care Risk Register – Emerging Risks – The Joint Primary Care Commissioning Committee noted that emerging risks will be removed as a standing item.	03.01.19 The Primary Care Contracts Manager confirmed this action is complete. Close and remove from the action log.

Workplan

The Primary Care Contracts Manager informed the meeting that the Workplan for next year will be looked at in detail when new guidance, expected shortly, is received. Members were asked to think about what needs to be included in the workplan, so it can be discussed at the next meeting and forward suggestions to the Primary Care Contracts Manager.

Agreed outcomes:

(a)	Joint Primary Care Commissioning Committee Workplan to be an agenda item at the next meeting.
(b)	Members' suggestions about what needs to be included in the Workplan to be forwarded to the Primary Care Contracts Manager Erica.ellerington@nhs.net by 8 February 2019.

7.0 RISK REGISTER

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

Risk ID PC 9 – Extended Access - The Primary Care Contract Manager reported that there remains a risk that no providers respond to the long term procurement for Extended Access. Key controls are - Market management and Engagement. Ensuring cohesive service specification developed linking GP OOH, Extended Access and Urgent Treatment Centres in a way that offers sustainability and viability for potential providers.

Risk ID PC10 – International Recruitment – If 13 GP's are recruited from Europe the CCG does not have 13 vacancies identified for employing the GP's. Visits have taken place with those Practices who expressed an interest and there are currently 8 confirmed vacancies and a further 2 potential resulting in insufficient places for 13 to be recruited. Key control – engaging with all GP's to extend invitations to host an international recruit.

Risk ID PC 12 – International Recruitment – Recruitment from Europe does not attract sufficient GP's to fill gaps across the HCV which includes North Lincolnshire CCG. Key control – Continue to attend Programme Board to keep updated on progress and feed into the Joint Primary Care Commissioning Committee.

Risk ID PC 13 – Medicines Optimisation in Care Homes – Service Specification has been agreed and signed off by the Committees. The Primary Care Contract Manager reported that the service has been procured and this risk will be removed next month.

The Lay member – Governance pointed out that the format of the Risk Register needs to also indicate the risk appetite for each risk. The Primary Care Contract Manager advised that this will be remedied when the risk register is reviewed in January.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the Risk Register update.
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8.0 EXTENDED ACCESS UPDATE

The General Practice Forward View (GPFV) published in April 2016 set out plans to enable clinical commissioning groups (CCG's) 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 **1 October 2018**.

In order for the extended access service to form part of the Urgent Treatment Centre (UTC) longer term procurement plans, an interim contract award was made to Safecare and Core Care links. The service was successfully implemented and patients able to book extended appointments from 1 October 2018.

The Primary Care Contracts Manager informed the meeting that the CCG has received utilisation data for October and November which shows an excellent utilisation rate for the newly implemented service.

The data does highlight an issue with non-attendance rates for appointments on Saturdays. A contract review meeting is arranged for January 2019 when the CCG and provider will discuss and agree plans of how this can be addressed.

The Primary Care Contracts Manager advised the meeting that it has been indicated that from 1 April 2019, NHSE intend to monitor utilisation rates, although this has yet to be confirmed. The CCG are assured that the service is reaching sufficient utilisation rates to meet any intended targets. Members discussed Appendix 1 of the report which detailed utilisation rates, day by day for October and November.

Core Requirements – From 1 April 2019, the Extended Access service must meet the National 7 Core Requirements. The Primary Care Contracts Manager confirmed to the meeting that this is on target to be achieved by the required 1 April deadline.

Core Requirement	Detail	Current Position of NL CCG
Timing of appointments	Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30pm) – to provide an additional 1.5 hours every evening •Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs •Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.	The service meets this requirement.
Capacity	Commission a minimum additional 30 minutes consultation capacity per 1000 population per week.	The service meets this requirement.
Measurement	Ensure usage of a nationally commissioned new tool to be introduced during 2017-18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of great demand.	Apex Tool is currently in the deployment planning stages. 8 practices have set deployment dates and others are currently being scheduled. Once full roll out is achieved (before end March 2019) the service will meet this requirement.
Advertising and ease of access	Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community , so that it is clear to patients how they can access these appointments and associated service •Ensure ease of access for patients including: •All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services •Patients should be offered a choice of evening or weekend appointments on an equal footing	The service meets this requirement.

	to core hour appointments.	
Digital	Use of digital approaches to support new models of care in general practice.	The use of an e-consulting platform is mandated as part of this service specification. A pilot in the East Network is currently underway with the online consult provider to test a federated model which will be rolled out into the service once available.
Inequalities	Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.	The service is mandated to ensure that issues of inequalities in patients' experience of accessing the service are identified by local evidence and actions to resolve in place. A full inequalities impact assessment will be undertaken by the CCG in early 2019.
Effective access to wider whole system services	Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care.	The service currently meets this requirement however, from March 2019; the service must make available the functionality for NHS 111 to make direct bookings. The CCG are currently working towards this deadline, however, there are several issues to achieving this which are not unique to North Lincolnshire.

The Primary Care Contracts Manager confirmed that things are progressing smoothly and offered assurance that the 1 April deadline would be achieved. In response to a query about the 111 differentiate with extended access/OOH the Primary Care Contracts Manager confirmed this was being worked on following national guidance. The CCG Chair felt that the service had gone well so far, and pointed out a plus point, it has been possible to staff the service with GP's and local nurses, something not all CCG's have been able to do. The Primary Care Contracts Manager confirmed that 66% of appointments have been with a GP, a high comparator. Members were advised that indemnity issues around effective access to 111 will be addressed through a national indemnity agreement.

Members were informed that The CCG have developed a robust patient communications plan, detailed in Appendix 2 of the report, a "snap shot" of the initiatives that have been undertaken since the service went live.

The excellent utilisation rates of this service demonstrate that patient communication has been successful and effective.

It was pointed out to members that the communication of this service in North Lincolnshire has received much interest and attention from NHS England's Regional and National teams and is regarded as an excellent example of meeting the 'Advertising' core requirement.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the Extended Access Update.
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9.0 FINAL DRAFT NL CCG PRIMARY CARE WORKFORCE STRATEGY 2018 - 2020

The Primary Care Contracts Manager referred members to the Final Draft NL CCG Primary Care Workforce Strategy 2018 - 2020, previously circulated to members. The Workforce Strategy has been emailed to Practices together with the 4 development plans. Feedback was invited from the Practices and only one responded. The approved strategy will enable a Humber Coast and Vale STP Workforce Strategy to be developed enabling the STP to develop a regional strategy and support investment opportunities locally from HEE and NHS England.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee approved the final draft NL CCG Primary Care Workforce Strategy 2018 – 2020.
(b)	The Chief Operating Officer requested that a corresponding action plan also be produced.

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

10.0 **TRANSFORMATIONAL FUND UPDATE**

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. The CCG 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 received one, patch wide bid to provide a physio therapy service to patients within general practice.

The bid was approved by the Joint Primary Care Commissioning Committee in April 2018 and the service went live on 1st October 2018. The service has employed a sessional Physiotherapist who undertakes 8 sessions per week. In addition to this, the service utilises North Lincolnshire and Goole Hospitals (NLAG) resource to provide appointments within general practice.

Unfortunately, the service has not been able to recruit the amount of Physiotherapists required to date. Recruitment is ongoing and the provider plans to rollout full service capacity in January 2019.

The Primary Care Contracts Managers informed the meeting that the service has received excellent feedback so far; At the time of producing this report, 47 evaluations of feedback had been undertaken, all were extremely positive and highly satisfied with the service. All patients who have used the service would recommend to a friend.

The CCG and service provider have held back from undertaking any meaningful patient engagement to date, mainly because the service had not been at full roll out stage. However, as the service will be available to all patients in January 2019, the provider and CCG are working together to agree a communications plan to be released in January 2019.

It is recognised that not all available appointments have been utilised up until the present time however, effective patient engagement will help to address this.

Service performance data, as per the contractual requirements, will be available at the review meeting planning in mid-January.

This will consist of:

The number of physiotherapist appointments offered

The number of new patients seen

The number of follow ups (new to follow up ratio)

The number of patients referred back to GP and reason why

Patient satisfaction

GP practice satisfaction with the service

Referrals into secondary care for orthopaedics, pain services, rheumatology and community physiotherapy.

Improved conversion rates to surgery following referrals

In response to a query about participants the Primary Care Contracts Manager confirmed that there is a KPI relating to practice booking into referrals.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the Transformation Fund update.
(b)	The Primary Care Contracts Manager to provide information on the KPI's relating to Transformational Fund at the February meeting.

11.0 ESTATES REVIEW UPDATE

The Senior Commissioning Manager – NHSE provided an update on the Estates Review.

Broughton – This will start next week, there has been a change in design and costs are being finalised.

Riverside Scheme – There has been a delay on the completion date due to contamination of the soil, a legacy from the gas works.. It was timed to end January, the revised completion date is now February.

Ancorra –This was reported as progressing well and it is anticipated it will be finished by the end of the financial year.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the Estates update.
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12.0 NHS ENGLAND UPDATE (Includes Financial Report)

The Primary Care Contracts Manager referred members to the report previously circulated.

Contract Changes.

- : The Primary Care Contracts Manager reported there have been no contract change requests received by NHS England for this period.

Primary Care Finance.

The Primary Care Contracts Manager reported that, in summary, month 8 is showing a year to date overspend of £234K last month. It was explained that the main reasons for the movement relates to dispensing doctor's variance due to an increase in tariff from October.

APMS – YTD underspend -£27.8K due to budget set on 17/18 contract value rather than revised lower contract value with Core Care Ltd which commenced in 18/19. Accrued estimate for Q2 list size adjustment due to be paid shortly of £8809.44 and accrued pro rata Q2 for Oct & Nov.

Dispensing Doctors - This data is 2 months in arrears, therefore the accruals are for Oct & Nov. The accruals are based on 17.18 costs with 18.19 prices (6.9% tariff increase from October) and volume increase assumption based on national increases. A couple of practices appear to be overspending compared to last year which we are monitoring - B81007, B81043, B81063. Accruals for October and November include tariff increase. YTD overspend of £92k.

Enhanced Services – overall £31.4k overspend.

Extended Hours - accruals have been entered based on forecasts for practices that signed up last year that may be late signing up this year. YTD £20.1K 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 variance £12k

Minor Surgery – Accrued as per actual April-Oct pro rata for Nov, YTD variance - £686

GMS - Global Sum is per the current list sizes to date, also now includes the additional uplift announced recently which is currently unfunded and paid to practices in October. YTD Overspend £121.1K.

MPIG is per actual costs for current contracts.

PMS – YTD variance relates to additional uplift overspend £16.8K not budgeted as not known during budget setting exercise (£1.04 per weighted head less an additional £0.05 Out of hours deduction), -£7.2K list size adjustment and £680 Out of Hours Adjustment.

Other GP Services – overall £55.7k overspend .

Maternity/sickness claims – currently overspending £9K YTD. 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 £8.2 overspend.

Seniority – YTD variance -£12.4k 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 £1.7k.

Retainers - overspending by £12.4k 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 £36.5 variance.

Premises – overall £5.5K overspend.

Rent is accrued taking into account an estimate for practices due revaluation in 18/19. £10.8K overspend YTD.

Rates are accrued as per actual or to budget where the rates bills are yet to arrive. - £9K underspend YTD.

Water and Clinical Waste are accrued to forecast. 5K overspend YTD

Other Premises Costs – relates to the DV budget which is based on invoices received. 1.6K overspend YTD.

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 £8.5k.

Members discussed the presentation and content of the Primary Care Finance report and agreed it was hard to follow in terms of trends, lacked clarity and meaningful information in terms of overspends, underspends and break even points. It was agreed that a finance representative needs to be present at the meeting to present Primary Care Finance and respond to members' questions.

Agreed outcomes:

(a)	The Joint Primary Care Commissioning Committee received and noted
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	the Primary Care Finance Report and request that, for future meetings, the format of the Primary Care Finance report be changed to provide more clarity and meaningful information in terms of trends, background information explaining why there are overspends or underspends and break even points.
(b)	The Joint Primary Care Commissioning Committee request that a finance representative attend future meetings to present the report and respond to members questions.
(c)	The Joint Primary Care Commissioning Committee request that the Primary Care Contracts Manager to obtain further clarification on Retainers and the overspend position detailed within the report.

Online Consulting Update

The Primary Care Contracts Manager reported that 6 Practices have now gone live with online consult: Riverside Surgery; Bridge Street; Barnetby; Ancora; Cambridge Avenue and South Axholme. An additional 2 surgeries now have agreed deployment dates and a further 2 Practices have shown interest and are currently working through the process with the Programme Project Manager. This has potential patient population coverage of 97,219.

Member were advised that a website has been developed to track progress in North Yorkshire and the Humber:

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

Agreed outcome

(a)	The Joint Primary Care Committee received and noted the update on Online Consulting.
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Apex Insight Tool

The Primary Care Contracts Manager reported that the rollout of the Apex Insight Tool is currently in the planning phase. An initial Steering Group Meeting was held on 24 October 2018, following which expressions of interest were requested from practices.

A demonstration to the Practice Managers Forum is arranged for 8 January 2019.

Agreed outcome

(a)	The Joint Primary Care Committee received and noted the update on the Apex Insight Tool.
(b)	The Joint Primary Care Committee received and noted the NHS England update.

13.0 OUT OF HOSPITAL TRANSFORMATION PROGRAMME – CARE NETWORKS

The Primary Care Contracts Manager referred members to the report previously circulated. It was explained that the CCG, along with the wider health and social care system, is currently working on the Out of Hospital Transformation Programme in order to shape a new integrated out of hospital model

Background - North Lincolnshire CCG has been reviewing the community services it commissions over the last year or two in light of the agreed vision for more services to be delivered out of hospital and closer to people's homes. A decision was taken at the Governing Body workshop held in June 2018 to work with our current providers, in partnership, to shape a new integrated out of hospital model.

The current main provider of community health services is Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). North Lincolnshire Council provides care services in the community, Rotherham, Doncaster & South Humber NHS Foundation Trust mental health services and there are also a range of community and voluntary sector providers.

It was agreed to establish a Transformation Board with all the system leaders represented to develop a strategy to oversee the development of the integrated model of out of hospital provision working with the above organisations and other partners who are major stakeholders in community services including primary care, GP federation (Safecare) and East Midlands Ambulance Service.

There is a clear case for change for improving out of hospital services, such as, a rapidly ageing population with more complex health and social care needs and a rising demand and growing costs across the system. The Out of Hospital Transformation Programme consists of a number of Task and Finish Groups, including the development of care networks.

Key Deliverables - The Care Networks work stream has a key deliverable to; *“Engage and incentivise Primary Care within each of the Care Networks and empower the care network leadership teams to implement care co-ordination: Single needs assessment, care planning and care management in care networks across West, East and South localities”*. It was reported that the East Network is now fully established. Appendix 1 of the report contained the agreed objectives for the work stream.

Progress to Date - The work stream has made good progress to date; Network leads have been identified and engaged. Clinical leads are GP Board members. A Primary Care Quality Scheme has been offered to the networks. The networks are currently working with Safecare who will ‘sign up’ to the scheme once on behalf of all practices. Clinical leads and Safecare are currently finalising a governance model which will allow (but not be limited to) Safecare managing the sign up and co-ordination of all CCG commissioned enhanced services

On the last wave of applications to NHS England, North Lincolnshire submitted a request for 2.3WTE clinical pharmacists. The CCG has agreed with RDaSH the provision of Mental Health First Aider training to all practice staff. The training will be provided free of charge. For reception staff It was clarified that the training will be a means to support them in their role – resilience training. This will be made clearer to practices.

Agreed outcome:

(a)	The Joint Primary Care Commissioning Committee received and noted the Out of Hospital – Care Networks update report.
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14.0 EMERGING RISKS TO REPORT

Agreed outcome:

(a)	There was nothing raised for consideration under this item.
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15.0 ANY OTHER BUSINESS

Urgent items by prior notice

Agreed outcome:

(a)	There was nothing raised for consideration under this item.
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16.0 DATE AND TIME OF NEXT PUBLIC MEETING

Date	Time	Venue
Thursday 28 February 2019	16.15 – 17.30	Board Room, Health Place, Brigg.

Date and Time of Future Meetings

Date	Time	Venue
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

CCG	Clinical Commissioning Group
CQC	Care Quality Commission
ES	Enhanced Services
GMS	General Medical Services
GP	General Practitioner
GPFV	General Practice Forward View
MPIG	Minimum Practice Income Guarantee
NLaG	Northern Lincolnshire & Goole NHS Foundation Trust
NL CCG	North Lincolnshire Clinical Commissioning Group
PMS	Primary Medical Services
Q2	Quarter 2
QIPP	Quality Improvement, Productivity and Prevention
UTC	Urgent Treatment Centre
YTD	Year to Date