

**Meeting of the Primary Care Joint Commissioning Committee
Tuesday 7th June 2016
2.00 pm
PC108, Creative Industries Centre, Wolverhampton Science Park**

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5 July 2016 at 2.00 pm in Stephenson Room, Technology Centre, Wolverhampton Science Park

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on laura.russell4@nhs.net or email

MEMBERSHIP	
Wolverhampton CCG	Pat Roberts (Chair) Dr D Bush, Dr M Kainth, Dr D De Rosa, Dr S Reehana (1 to attend) Manjeet Garcha Steven Marshall
NHS England	Alastair McIntyre Gill Shelley Anna Nicholls
Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Donald McIntosh (Healthwatch)

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE JOINT COMMISSIONING COMMITTEE**

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 3 May 2016
Commencing at 2.00 pm in the Stephenson Room, Technology Centre,
Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	No
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Alastair McIntyre	Locality Director	No
Gill Shelley	Senior Contract Manager (Primary Care)	Yes
Anna Nicholls	Contract Manager (Primary Care)	Yes
Karen Payton	Senior Finance Manager (Primary Care)	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	Yes

Non-Voting Observers ~

Cllr Sandra Samuels	Chair – Health and Wellbeing Board (WCC)	No
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	Yes
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes

Welcome and Introductions

PCC93 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

PCC94 Apologies were submitted on behalf of Steven Marshall, Alastair McIntyre and Cllr Sandra Samuels.

Declarations of Interest

PCC95 Dr Bush, Dr Hibbs and Dr Kainth declared that, as GPs they had a standing interest in all items related to primary care.

Ms Gayten and Ms Spencer declared that, in their role as employees of the University of Wolverhampton, they worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

Mr McIntosh declared an interest in the item regarding the Primary Care Delivery Board as it mentioned the Sickle Cell and thalassaemia project that he is a trustee of.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting Held on 5 April 2016

PCC96 RESOLVED:

That the minutes of the previous meeting held on 5 April 2016 be approved as an accurate record.

Matters arising from the minutes

PCC97 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC98 Minute Number PCC19 Upcoming Issues for Provisional Work Programme
It was noted that Ms Shelley would raise the reporting template query with NHS England and report back to the Committee.

Minute Number PCC38 West Midlands MOU for the Primary Care Hub
Mr Hastings informed the Committee that the MOU has now been signed off by Wolverhampton CCG Governing Body and is currently being reviewed internally prior to being submitted to NHS England by 6 May 2016.

Minute Number PCC77 NHS England Update
It was noted that the NHS England Update was included on this meeting's agenda.

Minute Number PCC78 NHS England Finance Update
It was noted that the NHS England Finance Update was included on this meeting's agenda.

RESOLVED: That the above is noted.

General Medical Services (GMS) Contract Changes

PCC99 Ms Shelley presented a report which provided notification of the following GMS contract changes at Wolverhampton practices.

Date Received	Practice Code	Practice Name	Contract	Task	Detail	Status	Completion Date
22/03/2016	M92612	Grove Medical Centre	GMS	Addition	Addition of Dr Mohindroo	Completed	29/03/2016
22/03/2016	M92009	Prestbury Medical Practice	GMS	Removal	Remove Dr Morgan	Awaiting Application	
06/04/2016	M92612	Grove Medical Centre	GMS	Removal	Removal of Dr Surinder Julka	Awaiting Practice Signature	

RESOLVED: That the above is noted.

NHS England Update – Primary Care Update

PCC100 In Mr McIntyre's absence, Ms Nicholls presented a report to update the Committee on the latest developments in primary medical care nationally and locally. The report included updates on the General Practice Forward View, GMS contract negotiations / changes and Primary Care Support England. It was noted that the process for close down on claims for Directed Enhanced Services and Quality and Outcomes Framework (QOF) is now well underway.

A query was raised regarding the Sustainability Transformation Plan (STP) and the deadlines involved. It was noted that the STP was a jointly developed Black Country document which was to be published by the end of July 2016.

Discussion took place around the impact of the standard NHS acute contract compliance on GPs and the clauses on the general conditions in the contract which are the interface between the provider and the commissioner. The CCG is working with our providers to understand the contract requirements and welcomed Wolverhampton LMC / GP input to this work.

Discussion took place regarding methods of communication to GP practices and whether the clear channel of communication should come via the CCG or NHS England.

RESOLVED: That the above is noted.

That GP communication methods should be discussed at the next Primary Care Operational Management Group meeting.

NHS England Finance Update – Wolverhampton CCG2016/17 GP Services Budget

PCC101 Ms Payton presented a report in Ms Hawkers absence which outlined the 2016/17 Joint Commissioning GP Services budget for Wolverhampton CCG. It was noted that the allocation to fund GP services relating to Wolverhampton CCG for 2016/17 is £34.1 million. Allocations were calculated on the 2015/16 month 12 forecast outturn.

The planning metrics for 2016/17 were confirmed as follows:

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation fund of 1%

It was noted that the CCG are not required to deliver a surplus of 1% on their GP services allocations, this remains with NHS England West Midlands.

RESOLVED: That the CCG Strategy and Transformation Team will provide a report to the June 2016 Committee Meeting outlining the PMS Premium schemes.

Primary Care Programme Board Update

PCC102 Ms Garcha referred to the previously circulated report and provided an update on the delivery of the Primary Care Delivery Board and the work programme for 2016/17.

It was noted that the interpreting procurement has now been approved with a recommendation to undertake an OJEU procurement. It is anticipated that the new service provider will be in place by August 2016.

RESOLVED: That the above is noted.

Primary Care Commissioning Operations Management Group (PCOMG) Update

PCC103 Mr Hastings provided an update following the PCOMG meeting which took place on 18 April 2016. It was noted that a draft report has been issued by the Care Quality Commission (CQC) to a Wolverhampton GP practice. Once comments are received, there is potential for the practice to be taken into special measures.

The Committee were updated on developments within Wolverhampton estates and informed that options appraisals were being undertaken in Bilston Urban Village, Bradley, Heath Town and Showell Park amongst others.

Mr McIntosh joined the meeting.

LMC raised a query around protected learning time for GPs, particularly relating to support to enable GP attendance at Team W.

RESOLVED: That the above is noted.

That the CCG will explore protected learning time options for GPs and update the Committee.

Wolverhampton CCG Update

PCC104 Mr Hastings provided an update on the CCG and the Better Care Fund (BCF). The Committee were informed that the BCF programme is in the process of finalising its national submission outlining its vision and focus for 2016/17 and detailing the outline plan to develop Integrated Health and Social Care here in Wolverhampton by 2019/20.

The focus for 2016 is to build on the successes of our work during 2015/16 on Mental Health and across Adult Community Care through the development of Community Neighbourhood Teams and the mobilisation of a Rapid Response Service provided by Community Matrons in a patients home.

Across Mental Health last year the focus was around urgent care which had great success in reducing emergency admissions.

In addition to this, workstreams around developing end to end Dementia Pathways and a Frail Elderly pathway will commence, we are in the process of improving the sharing of data across health and social care to improve patient care and quality, and work is continuing to rationalise our Estate across health and social care to build opportunity to house our emerging Community Neighbourhood Teams across the 3 localities in Wolverhampton.

RESOLVED: That the above is noted.

Any Other Business

PCC105 There were no other items raised for discussion.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC106 Tuesday 7 June 2016 at 2.00 pm, in the Stephenson Room, Technology Centre, Wolverhampton Science Park

Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
11	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That NHS England share the Operational Plan template with the Committee.	May 2016	NHS England	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting. 05.04.16 - It was noted that the reporting template will be brought to the May Committee meeting following the next planning deadline. 03.05.16 - It was noted that Ms Shelley would raise the reporting template query with NHS England and report back to the Committee
15	02.02.16	PCC38	West Midlands MOU for the Primary Care Hub That the MOU be updated and signed off at the March 2016 Governing Body Meeting and Primary Care Joint Commissioning Committee.	May 2016	Mike Hastings / Gill Shelley	01.03.16 – The Committee approve the West Midlands MOU for Primary Care Hub subject to an additional quality element being added. That the MOU will be signed off at the March 2016 Public WCCG Governing Body Meeting. 05.04.16 - Ms Shelley to confirm amendments with regard to the status of WCCG commission of Primary Care as requested by the Governing Body NHS England colleagues and bring the final MOU to the May Committee meeting. 03.05.16 - Mr Hastings informed the Committee that the MOU has now been signed off by Wolverhampton CCG Governing Body and is currently being reviewed internally prior to being submitted to NHS England by 6 May 2016.

24	03.05.16	PCC100	GP Communication That GP communication methods should be discussed at the next Primary Care Operational Management Group meeting.	June 2016	Mike Hastings	
25	03.05.16	PCC101	PMS Premium Schemes That the CCG Strategy and Transformation Team will provide a report to the June 2016 Committee Meeting outlining the PMS Premium schemes.	June 2016	Sharon Sidhu	
26	03.05.16	PCC103	Protected Learning Time for GPs That the CCG will explore protected learning time options for GPs and update the Committee.	June 2016	Mike Hastings / Steven Marshall	

Closed Items

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	03.12.15	PCC04	Proposed amendments to Committee Terms of Reference That the 3 GP Locality Leads will attend on a rotational basis for the next 12 months. Mr McKenzie to inform Locality Leads of this arrangement.	Peter McKenzie	14 January 2016	Action complete
2	03.12.15	PCC04	Proposed amendments to Committee Terms of Reference That the review of the Committee Terms of Reference be in line with the two window a year permitted by NHS England for the CCG's constitution to be amended.	Peter McKenzie	14 January 2016	Action complete
3	03.12.15	PCC05	Primary Care Commissioning Operations Management Group Terms of Reference That the Care Quality Commission will be invited to future meetings of this Group.	Mike Hastings	14 January 2016	14.01.16 – Mike Hastings confirmed that he has spoken to the Head of Quality and Risk at the CCG to confirm local CQC Lead contact details.
4	03.12.15	PCC06	Upcoming Issues for Provisional Work Programme That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.	Anna Nicholls	14 January 2016	14.01.16 – Anna Nicholls confirmed that the Showell Park Procurement will be brought to the Private Session of the Primary Care Joint Commissioning Committee in March 2016. 01.03.16 - It was noted that this item is on the private Committee agenda for discussion
5	03.12.15	PCC07	Standard Agenda item and regular reporting requirements That the following items be included as standing items on the agenda: <ul style="list-style-type: none"> • NHS England Update • NHS England Finance Update • Wolverhampton CCG Update • Primary Care Delivery Board Update • Primary Care Commissioning Operations Management Group Update 	Jane Worton	14 January 2016	14.01.16 – Standard items will be included from February 2016 onwards.

6	03.12.15	PCC07	Standard Agenda item and regular reporting requirements That Charmaine Hawker, Assistant Head of Finance - Primary Care, from NHS England Finance is invited to attend future Committee meetings.	Jane Worton	14 January 2016	14.01.16 – Confirmed that Charmaine Hawker had been invited to attend future Committee meetings.
7	03.12.15	PCC08	Arrangements for future meetings That the first public meeting of this Committee will take place in March 2016.	Peter McKenzie	2 February 2016	02.02.16 - It was noted the schedule of Committee dates for 2016/17 have now been diarised. Item closed.
8	14.01.16	PCC17	Proposed Amendments to Committee Terms of Reference That the February 2016 WCCG Governing Body Meeting and Sub Regional Team will receive an Executive Summary from this Committee.	Pat Roberts	2 February 2016	02.02.16 - It was confirmed that the executive summary is now complete and will be forwarded to David Williams at NHS England. Item closed.
9	14.01.16	PCC18	Primary Care Commissioning Operations Management Group Terms of Reference That the March 2016 Committee Meeting receive an update from the PCCOMG Meeting on 16 February 2016. That the risk register and Mike Hastings change in role title is reflected in the Terms of Reference.	Peter McKenzie	2 February 2016	02.02.16 - The updated Terms of Reference were discussed and the amendments agreed. Item closed.
10	14.01.16	PCC19	Upcoming Issues for Provisional Work Programme That the draft Primary Care Strategy is to be shared with NHS England.	Margaret Chirgwin	2 February 2016	02.02.16 - It was confirmed that Margaret Chirgwin (WCCG) had shared the Primary Care Strategy with NHS England. Item closed.
12	14.01.16	PCC21	NHS England Finance Update That an update on financial planning will be presented to the Committee in February 2016.	Charmaine Hawker	2 February 2016	02.02.16 – The update on financial planning was provided. Item closed.
13	14.01.16	PCC21	Capital Review Group / Strategic Estates Forum That the Capital Review Group / Strategic Estates Forum minutes be reported to the PCCOMG Meetings.	Jane Worton	2 February 2016	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.
14	14.01.16	PCC21	WCCG Estates Strategy That the final Estates Strategy be	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the private Committee agenda for

			brought to a future Committee Meeting.			discussion.
16	02.02.16	PCC42	Pharmacy First That the Pharmacy First information be circulated to the Committee.	Jane Worton	1 March 2016	01.03.16 - It was noted that the information was circulated to the Committee on 11.02.16.
17	02.02.16	PCC37	Financial Planning A further report to be brought to the next Committee meeting.	Charmaine Hawker	1 March 2016	01.03.16 - It was noted that this report is included on the agenda for discussion.
18	01.03.16	PCC53	Minutes of the Meeting Held on 2 February 2016 That the minutes of the previous meeting held on 14 January 2016 be approved as an accurate record subject to the following amendments. (PCC39) Spelling of Alistair McIntyre to be amended to Alastair. (PCC40) Amendment of PCCOMG Meeting to PCOMG Meeting.	Jane Worton	5 April 2016	05.04.16 – Amendments made.
19	01.03.16	PCC54	Primary Care Models An update report on Primary Care Home and vertical integration models will be brought to the next Committee meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.
20	01.03.16	PCC61	Primary Care Commissioning Operations Management Group (PCOMG) Update That the next PCOMG update is created in the form of an overarching assurance report subject to any practice specific confidential information being discussed in private.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.

21	01.03.16	PCC61	Pharmaceutical Involvement in Primary Care That following discussion at the January 2016 Committee Meeting around the pharmaceutical involvement in primary care it was noted that Mr Blankley would attend future PCOMG meetings to drive this forward.	Mike Hastings / Jeff Blankley	5 April 2016	05.04.16 - It was noted that Mr Blankley now attends the PCOMG meetings.
22	05.04.16	PCC77	NHS England Update That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.	May 2016	Alastair McIntyre / Gill Shelly	03.05.16 - The NHS England Update was included on this meeting's agenda. Item closed.
23	05.04.16	PCC78	NHS England Finance Update That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.	May 2016	Charmaine Hawker	03.05.16 - The NHS England Finance Update was included on this meeting's agenda. Item closed.

NHS Wolverhampton Clinical Commissioning Group Constitution Appendix H6

The NHS England and Wolverhampton CCG Primary Care Joint Commissioning Committee Terms of Reference

1. Introduction

- 1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would jointly commission primary medical services.
- 1.2 The NHS England and Wolverhampton CCG Primary Care joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Wolverhampton.

2. Statutory Framework

- 2.1 The National Health Service Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

3. Role of the Joint Committee

- 3.1 The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act 2006 except those relating to individual GP performance management,

which have been reserved to NHS England. This includes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

3.2 The Committee will contribute to the delivery of the CCG’s Primary Care strategy, ensuring that its work programme and decisions support the outcomes set out in the strategy. This will include:-

- Promoting the right care at the right time in the right place
- Developing strategies to support self care and improved information about services
- Improved access to community and primary care facing services
- Enhanced clinical leadership that ensures GPs are at the centre of a neighbourhood approach.
- Improved care coordination, particularly for individuals with complex, life limiting conditions or at risk of hospital admission
- Ensuring wider patient and key stakeholder engagement in the development of future primary care development plans.
- Improvements in the quality and performance of primary medical services

3.3 In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Wolverhampton CCG, which will sit alongside the delegation and terms of reference.

4. Geographical coverage

4.1 The Joint Committee will comprise NHS England West Midlands Sub-Region (The Sub-Regional Team) and the NHS Wolverhampton CCG (The

CCG). It will undertake the function of jointly commissioning primary medical services for Wolverhampton.

5. Membership

- 5.1 The Membership of the Joint Committee shall consist of:-
- The Deputy Chair of the CCG's Governing Body (Lay Member for Patient and Public Involvement)
 - Two Executive Members of the CCG's Governing Body
 - One of the 3 GP Locality Leads on the CCG's Governing Body who will attend meetings in rotation
 - Three representatives from the Sub-Regional Team (One from each of the Medical, Finance and Primary Care Directorates)
 - Two Patient (Lay) representatives
- 5.2 The Chair of the Joint Committee shall be the Deputy Chair of the CCG's Governing Body
- 5.3 The Vice Chair of the Joint Committee shall be the one of the lay patient representatives.
- 5.4 Any member of the committee may nominate a substitute to attend a meeting on their behalf, provided that they notify the Chair 24 hours before the meeting.

6. Invited Attendees

- 6.1 Both a representative of Healthwatch Wolverhampton and a representative of the Wolverhampton Health and Wellbeing Board (who must represent Wolverhampton City Council on the Board) shall be invited to attend meetings of the Committee as a non-voting observer.
- 6.2 The observers shall be invited to provide assurance that the provisions for managing conflicts of interest are being correctly applied and shall be entitled to attend private sessions of the Joint Committee.
- 6.3 Additional attendees will be invited to attend public committee meetings from the Local Medical Council, Local Pharmaceutical Council and the Public Health Department of Wolverhampton City Council. The Joint Committee may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

7. Meetings and Voting

- 7.1 The Joint Committee shall adopt the Standing Orders of the CCG insofar as they relate to the:
- Notice of meetings;
 - Handling of meetings;
 - Agendas;
 - Circulation of papers; and
 - Conflicts of interest
- 7.2 Decisions of the Joint Committee should be reached by consensus where possible. Where this is not possible, a vote will be taken with a simple majority of the votes cast being required to reach a decision unless the decision relates to a statutory function of NHS England outlined in Paragraph 3.1. When the Joint Committee exercises these functions, the votes of the Sub-Regional team representatives shall be weighted so that, when cast together, they shall be sufficient to give the sub-regional team a casting vote. (E.g. If 4 of the CCG's representatives are present and voting, the sub-regional team's representatives votes will be weighted so that they total 5, etc.).
- 7.3 Meetings of the Joint Committee shall be held in public, unless the Joint Committee resolves to exclude the public from either the whole or part of the proceedings whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 7.4 Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 7.5 Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate

confidentiality requirements are set out for the joint committee in which event these shall be observed.

8. Quorum

- 8.1 Meetings of the Joint Committee shall be quorate when there is at least one lay representative, one executive representative of the CCG and two representative of the Sub-Regional team present and the overall make up of those present is such that there is a majority of non-clinical members.

9. Frequency of Meetings

- 9.1 The Joint Committee shall agree a regular programme of meetings each year. In addition, the Chair may call additional meetings if they are required in line with the provisions for notice of meetings set out above.

10. Secretary

- 10.1 A named individual (or his/her nominee) shall be responsible for supporting the Chair in the management of the Joint Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.
- 10.2 The Secretary will be responsible for circulating the agenda and papers 5 clear working days before the meeting and will circulate the minutes and action notes of the committee within 3 working days of the meeting to all members and present the minutes and action notes to the Sub-Regional Team and the governing body of the CCG.
- 10.3 The Secretary will also provide an executive summary report which will be presented to the Sub-Regional team and the governing body of the CCG each month for information.

11. Decisions

- 11.1 The Joint Committee will make decisions within the bounds of its remit set out in paragraph 3 above. The decisions of the Joint Committee shall be binding on NHS England and NHS Wolverhampton CCG and will be published by both parties.

12. Annual Report

- 12.1 The Committee will review its performance annually and produce a report on its work. This report will include a summary of decisions taken and details of how any conflicts of interest have been managed.

13. Review of Terms of Reference

- 13.1 These terms of reference will be formally reviewed by the sub-regional team and the CCG in April and September of each year (to align with the timetable to amending the CCG constitution), following the year in which the joint committee is created, and may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.

NHS ENGLAND (West Midlands)

Primary Care Committees Update on May 2016 for INFORMATION

Presented by Alastair McIntyre

1 Purpose of the paper

To update the Committee on latest developments in Primary Medical Care nationally and locally

2 Key Messages / Issues

2.1 GP Forward View / Workforce 2020

The GP Forward View implementation is commencing with work streams and clear leads being identified. We will keep CCG colleagues updates on progress.

The documents included a number of commitments relating to Workforce. These will be delivered under the Workforce 2020 programme and cover the following areas and deliverables:

Recruiting doctors:

- Increased GP training capacity and recruitment to 3,250 doctors per annum
- Work to increase and improve the profile of general practice within medical schools
- Further development of the GP recruitment campaign
- Major international recruitment drive to attract 500 doctors
- Evaluation of measures to attract trainees to hard to recruit training places
- 250 post CCT fellowships by 2017 to offer more varied training opportunities in areas of poorest GP recruitment

Retaining the current workforce

- Review and enhance the I&R process resulting in at least an extra 500 doctors returning to practice by 2020
- New Portfolio Route for GPs with previous UK experience removing the need for them to sit exams to return to practice
- Creating a central contact point and new employment models for doctors returning to practice
- Additional financial compensation for GPs on the Retained Doctors Scheme
- Review and introduce a new GP retainer scheme by April 2017
- Offer financial incentives to GPs returning to work in areas of greatest need

Building the wider workforce

- £112m for a further 1,500 clinical pharmacists in general practice – 1 per 30,000 patients
- 3000 additional mental health therapists
- Medical assistants pilot
- Physiotherapy services pilot
- £6m in practice manager development
- £15m in practice nurse development
- £45m to help reception and clerical staff play a greater role in care navigation

A balanced GP workforce

- Measures to improve the attractiveness of partner and salaried positions
- Flexible working for GPs
- Indicative rates for locums
- “At scale” working in larger practice groupings

2.1 Nursing Voice

Ipsos Mori have been appointed to lead a GP nurse research project. This will seek to identify the particular challenges faced with the recruitment and retention of practice nurses.

2.3 GP Coaching

The GP coaching and GP coaching training programmes are now operational with most places filled. Plans are now being developed a wider roll out of the coaching programme.

2.4 Clinical Pharmacists in General Practice

The programme is being rolled out successfully with five pilots in West Midlands. The audit of the pilot sites is almost complete and was a useful exercise in identifying changes to the pilot sites and finalising the details of the employing and participating practices.

The first reporting returns from the pilots with their baseline data and staffing status were due by 10 May. Work is underway to develop a SharePoint system for the submission and analysis of the returns from quarter two.

A very positive meeting was held with HEE, RCGP and BMA on 26 April to discuss the options for the design of the roll out process of 1500 additional clinical pharmacists, which will present an opportunity for additional areas to benefit

Clinical pharmacists pilot lessons learned workshop had been organised for the 11 and 18 May with external, local and internal partners. The aim of these workshops is to collect lessons learned from the implementation of the clinical pharmacist pilot to enable future workforce pilots to incorporate lessons and therefore aid future success.

2.5 Recommissioning of Community Pharmacy Seasonal Influenza Vaccination Advanced Service 2016/17

NHS England has announced it will recommission the Community Pharmacy Seasonal Influenza Vaccination programme in 2016/17, after nearly a quarter of a million more people benefited from vaccinations in a community pharmacy setting during the previous year.

A total of 10,407,913 seasonal flu vaccinations were delivered in 2015/16. This included 240,259 additional patients who chose to receive vaccinations in a community pharmacy compared to the previous year. The number of the most vulnerable patients receiving flu vaccination (those in an 'at risk' category and pregnant women) also increased, despite the mild winter.

Further communication to all contractors will be sent out in due course.

2.6 Clinical Waste Contracts

We have started gathering information to enable us to undertake a local stage of the procurement exercise – we do require detailed information so will be contacting practices directly.

We would appreciate support from CCG colleagues to get the exercise completed.

Supporting information including a handbook will be issued in the next couple of weeks.

2.7 PMS Reinvestment Plans

As part of the oversight of the PMS reviews, a letter reminding commissioners of the responsibilities for efficient management of PMS reviews and resulting premium has been issued to (embedded)



implement-pms-fund-
changes.pdf

2.8 DES settlement

The majority of DES claims have been processed and paid in line with the SFE.

There is an issue with the AUA DES as a large proportion of practices' returns do not indicate eligibility.

Discussions are currently being held about another data collection – practices

2.9 K041b 2016/17 collection

The 2015/16 collection data is published and available at <http://www.hscic.gov.uk/catalogue/PUB18021>

2016/17 data collection is due to start shortly – a letter will be going out to all practices.

3. GMS Contract Changes

Practice	Variation	Status
Tettenhall Medical Practice	Addition of new partner: Dr Sanjit Sandhu	Completed 1/6/16

4 Members are asked to:

4.1 Note the contents of the update

Publications Gateway Reference 05277

For the attention of:

NHS England Directors of Commissioning
Operations

Clinical Leaders and Accountable Officers, NHS
Clinical Commissioning Groups

NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

Copy:

NHS England Regional Directors
NHS England Regional Directors of Finance

0113 825 0000

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16 May 2016

Dear colleagues

Implementing Personal Medical Services (PMS) Reviews

As you know local teams embarked on a review of all PMS contracts over the two year period ending 31 March 2016 and the outcomes for local contractors are now being implemented. This letter provides further guidance on the management of funding changes arising.

In summary, local commissioners will need to ensure that:

- Clinical Commissioning Groups have published proposals for reinvesting the funding potentially released from PMS reviews in line with national principles (summarised below); and,
- No funding is released from PMS practices facing reductions until reinvestment proposals have been confirmed.

We are working to ensure the additional funding received in local PMS contracts is fairly and transparently linked to quality of care for patients or the particular needs of the local population. The [national framework](#) is clear that any additional investment in general practice services, whether it is deployed through PMS or released for reinvestment through other contractual routes:

- reflects joint strategic plans for primary care that have been agreed with the relevant CCG(s);
- secures services or outcomes that go beyond what is expected of core general practice;
- helps reduce health inequalities;
- offers equality of opportunity for GP practices in each locality (i.e. if one or more practices in a given locality are offered the opportunity to earn extra funding for providing an extended range of services or meeting enhanced quality requirements, other practices in that locality capable of providing those services or meeting those requirements should have the same opportunity);

- supports fairer distribution of funding at a locality level.

It is important that any funding changes are managed in a way that does not risk destabilising general practice and we set out three key principles to support this as part of the PMS review framework. They require that:

- additional funding to be released should be reinvested in general practice
- reinvestment remain within the CCG area (unless CCGs agree otherwise)
- the process should be implemented over a period of time (minimum of four years, year one counting from 2014/15) to allow practices to adjust to new funding levels and new income opportunities

We have been clear on the need to ensure PMS practices can plan for the net impact of these funding changes by ensuring any funding reductions can be set against local proposals for reinvestment. However this communication of new earning opportunities is not happening universally in all areas and PMS practices in those instances will understandably be concerned.

We are therefore requesting that all local commissioners ensure these reinvestment proposals are confirmed locally to PMS practices before any actual reductions to funding are made to PMS practices who are facing reductions in funding.

The immediate priority should be on confirming reinvestment plans for 2016/17 and, where possible, 2017/18. This information should be made routinely available to PMS practices for the period of time PMS review funding changes apply.

Monitoring

All local teams will be required to report on progress of any outstanding reviews and we will work with Heads of Primary Care to agree the arrangements to achieve this.

Yours sincerely,



Rosamond Roughton
Director of NHS Commissioning
Medical Directorate
NHS England

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

7th June 2016

Title of Report:	Update Report on Primary Care Programme Board Activity May 2016 (PCPB)
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information
Purpose of Report:	To update the PCJCC on PCPB activity for May 2016
Public or Private:	Public
Relevance to CCG Priority:	1,2a,2b,3,4 &5
Relevance to Board Assurance Framework (BAF):	
• Domain 1: A Well Led Organisation	
• Domain 2a: Performance – delivery of commitments and improved outcomes	
• Domain 2b: Quality (Improved Outcomes)	
• Domain 3: Financial Management	
• Domain 4: Planning (Long Term and Short Term)	



- **Domain 5:** Delegated Functions

Domain 5: Delegated functions: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Programme Board meets monthly and it was agreed that there will be a monthly summary report presented to the PCJCC.

2. MAIN BODY OF REPORT

Summary of activity discussed on May 12th 2016.

- 2.1 .1 Primary Care In Reach Team (PITS) Business case, EIA, QIA and Bradley Resource Centre Specification approved by PCB
- 2.1.2 Interpreting Procurement paper presented. Timelines for open procurement and two stage restricted process were discussed and the Board agreed that open procurement was the preferred option. This work has now commenced and CSU are providing support.
- 2.1.3 Community Equipment Procurement – project lead confirmed that a meeting is arranged with LA on 23rd May 2016 to determine what impact undertaking a joint procurement will have on procurement timelines.
- 2.1.4 Future activity is as per plan for 2016/17 schemes.
- 2.1.5 Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. A very positive sounding scheme which was seen to be of a possible good quality scheme for patients with AF. Project to be scoped and presented back to the Board in the near future. The capacity in the team is being reviewed to progress this soon.
- 2.1.6 Improved and strengthened process for administration of the board in line with PMO office for all the boards.

2.2 CLINICAL VIEW

Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr DeRosa has recently requested to attend meetings if his diary will allow and also to be sent papers and minutes etc. so there is opportunity to provide comment.

3. PATIENT AND PUBLIC VIEW

- 3.1 The PCPB ensures that all schemes have an EIA completed and patient and public views are sought as per requirement.



4. RISKS AND IMPLICATIONS

Key Risks

- 4.1 The PCPB has reviewed its risk register and it is in line with the CCG requirement.

5.0 Financial and Resource Implications

- 5.1 All exceptions are reported to the QIPP Board and full discussion held re risk and mitigation.

6.0 Quality and Safety Implications

- 6.1 Quality and Risk Team are fully sighted on all activity and the EIAs include a Quality Impact Assessment which is signed off by the CCG Head of Quality and Risk

7.0 Equality Implications

- 7.1 A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.

8.0 Medicines Management Implications

- 8.1 There are no implications in this report regarding medicines management, however, full consultation is sought with Head of Medicines Management for all schemes presented.

9.0 Legal and Policy Implications

- 9.1 There are no legal implications.

10.0 RECOMMENDATIONS

- 10.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 29th May 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	M Garcha Dr De Rosa	12 th May 2016
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	May 2016
Quality Implications discussed with Quality and Risk Team	M Garcha / S Southall	May 12 th 2016
Medicines Management Implications discussed with Medicines Management team	Nil	12 th May 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	12 th May 2015
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	M Garcha	29 th May 2016



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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 7th June 2016

Title of Report:	Primary Care Operational Management Group Update
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update on the Primary Care Operational Management Group
Public or Private:	The report is suitable for the Public meeting
Relevance to CCG Priority:	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	Planning for the CCG Primary Care provision to be fit for purpose in line with NHSE recommendations
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Fulfilling the delegated responsibility of jointly managing primary care



1. BACKGROUND

The Primary Care Operational Management Group met on Tuesday 24th May. This report highlights the topics covered at the meeting.

2. AREAS COVERED

2.1 CQC Update

SS provided an update in relation to Dr Christopher's Practice who have received an overall rating of Inadequate (Practice placed in special measures). This is published on the CQC website. A number of visits have taken place over recent weeks and assurance was given that Wolverhampton CCG and NHS England have offered support to the Practice and are waiting for the CQC to accept the Action Plan provided. A progress check meeting will be arranged in due course.

2.2 Primary Care Quality Assurance

2.2.1 Primary Care Joint Monitoring

A report was presented that proposed a model of collaborative working in Primary Care for Wolverhampton CCG, NHS England and the Wolverhampton City Council Public Health Team.

The report provides a greater insight into existing relationships with practices in Wolverhampton and how these can be improved upon. It concludes that supporting and implementing the model will:

- Avoid replication by creating a model to enable one contract monitoring visit that meets all commissioner's needs.
- Reduce the burden on practices by minimising the number of visits from commissioners.
- Clearly define the extent of support available to practices so that they are able to make best use of expertise available.

2.2.2 Primary Care Quality Update

It was noted that infection prevention audits are currently taking place with high results commendable to practices. The Friends & Family Test is being used and this is being monitored centrally.

2.3 Review of Primary Care Matrix

Jane Worton gave an overview of the Primary Care Matrix following on from actions highlighted at the meeting in February:

CCG contract information and Public Health information are now included.



Discussions are taking place about a struggling practice taking on 2 GP's to be added to the contract.

Issues are being escalated to PPIGG regarding another underperforming practice in the City.

Anna Nicholls from NHSE confirmed that a contract has been awarded at Showell Park GP Practice.

2.4 GP Communication Methods

Mike Hastings advised that it is anticipated that the CCG will commence full delegation duties with effect from 1st April 2017 and until that point all GP communications will be issued by NHS England.

2.5 Pharmaceutical Involvement in Primary Care

Jeff Blankley provided an update. Training is taking place to enable community pharmacies to have access to read only summary care records. Also that NHS England has created a strategy, which includes a 'plan on a page'.

2.6 Estates & Technology Transformation Fund

David Johnston gave an overview of potential developments and the process for submitting bids to the ETTF:

- Bids include – Locality Developments, Practices and IT
- A number of developments are in the pipe line including practices becoming part of a hub, building extensions and new builds.
- NHS England is requesting that bids are made by the end of June via a portal. Practices have been advised.
- A prioritisation process for the practices needs to be agreed by 7th June 2016.

3. RECOMMENDATIONS

- 3.1** The committee is asked to note the progress made by the Primary Care Operational Management Group.

Name: Mike Hastings

Job Title: Associate Director of Operations

Date: 27th May 2016



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