

Minutes of the BCCG Joint Primary Care Co Commissioning Committee - JPCCCC

Wednesday 13 June 2018

09.00 to 12.00

Room 208, Endeavour House, Wrest Park, Silsoe

Present:

Name	Initials	Title
Roland Ginn (Chair)	RG	Lay Member Finance and Performance
Sally Adams	SA	Programme Director for Primary Care, Out of Hospital and Mental Health & LD
Nicky Wadely	NW	Assistant Director of Primary Care
Caroline Goulding	CG	Contracts Manager Medical and Pharmacy, NHSE
Tony Medwell	TM	Locality Business Manager – Bedford Locality
Dr David Howard	DH	Locality Chair – Bedford Locality, BCCG
Patricia Coker	PC	Head of Partnerships and Performance Social Care, Health and Housing, CBC
Dr Peter Graves	PG	Chief Executive, Beds and Herts LMC
Martin Fahy	MF	Director of Nursing and Quality
Dominic Cox	DC	Locality Director (South), NHS England
Kate Walker	LH	Healthwatch Bedford Borough
Susi Clarke	SC	Primary Care Strategic Development Lead
Roger Hammond	RH	Acting Deputy Chief Finance Officer

In attendance

Andrew Philips	PWC
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Apologies:

Name	Initials	Title
Miriam Coffie	MC	Head of Quality, NHS England
Dr William Hollington	WH	Clinical Lead, BCCG
Linda Hiscott	LH	Healthwatch Bedford Borough
Julie Ogley	JO	Director of Social Care, Health and Housing, CBC
Ian Brown	IB	BBC

Agenda Item	PART 1
1	Welcome, Introductions and Apologies for Absence
2	Declarations of Interest DH indicated a potential conflict of interest in Item 6 Clapham Rd, Item 7 PMS, Item 9 PTF, Item 10 Extended Access and Item 11 TVMC procurement.
3	Minutes of meeting 12 April Feb 2018 The minutes were read and agreed as a true record with one amendment:- Item 9 <i>Financial Planning</i> , third sentence should read "For 18/19 this is likely to be £0.4m."

<p>4</p>	<p>Action Tracker JCC 070 GPFV delivery Update – NW had had hub discussions with both LA colleagues and agreed to close this action. JCC 073 – PMS Reinvestment 18/19 - on the agenda and agreed to close the action JCC 075 – TVMC – on the agenda and agreed to close the action JCC 077 – Financial planning – action will now be with RH. Update at July meeting. RG requested assurance in three months' time ...</p> <p>Matters Arising</p> <p>Item 7 <i>Capita/Primary Care Support England (PCSE)</i> – Capita risk to be kept on the risk register. ACTION SC to add to Risk Register</p> <p>Item 8 <i>Extended Access</i> – it was noted that since the last meeting the deadline had been brought forward to 1 September.</p> <p>List Closure/Practice Merger Applications</p> <p>Since the last meeting in April, a virtual JPCCC had been called on 11 May to review the following applications:-</p> <p>Ashburnham Road – approval was given for the practice to close its list for four months Merger Application (de Parys Avenue, Pemberley Surgery and 12 Goldington Road, Bedford) – approval was given for the merger of the three practices to include the PMS transition funding</p>
<p>5</p>	<p>Risk register</p> <p>The paper was noted. SC had carried out a review of the risk register. SC asked the meeting to note:-</p> <ul style="list-style-type: none"> • new risk Co-Com 69 – Estates workstream capacity – NW clarified that a business case to recruit an Estates and Premises Manager had been submitted for approval but there were discussions taking place about whether this capacity should be shared across the three CCGs. • rewording of Co-Com 43, 68, 57 and 60 • closed risks <p>SC clarified that Co-Com 60 and 57 were cumulative risks. It was agreed that premises was slightly more resilient in CBC than BBC but that the workforce issues were the same.</p> <p>DC was unable to confirm as yet whether there was likely to be national capital coming down to primary care with the 70th anniversary of NHS. NW clarified that the STP was waiting for outcome of the joint bid for primary care investment.</p>
<p>6</p>	<p>Clapham Road Reflection</p> <p><i>This paper had not been circulated although it had been submitted.</i></p> <p>CG gave a re-cap of the Clapham Road dispersal, the challenges it had presented, what had gone well and lessons learned for the future (see paper attached with notes). CG felt that for future dispersals there should be clear guidelines from the national heads of Primary Care and GPs needed to be clearer of their residual responsibilities following dispersals.</p> <p>PG raised that this highlighted the issue of single-handed practices only having to give three months' notice and the pressure it put on the system. There were currently four single-handed</p>

	<p>practices in Bedford town centre and it was therefore important to be pro-active and have early conversations with these practices where there might potentially be a contract hand-back.</p> <p>DH made the point that the newly dispersed patients were now receiving a better quality service from the receiving practices.</p> <p>TM pointed out one of the difficulties had been stopping the information flow from Bedford Hospital to the receiving practices as the hospital was not very advanced with its link to the spine. RG proposed raising this with the new dedicated IT Manager at the CCG.</p> <p>RG summed up by thanking NHSE and CCG colleagues for successfully dispersing the practice and acknowledged the vital role the Helpline set up by NHSE had played.</p>
<p>7</p>	<p>PMS 17/18 Year End and 18/19 Sign Up</p> <p><i>DH left the meeting for this item</i></p> <p>The paper was noted by the Committee.</p> <p>With regard to the 18/19 scheme all practices apart from one had had signed up to both Components 1 and 2 although there were four pending to return the paperwork.</p> <p>NW pointed out the importance of the additional requirements of Component 1 for this year on top of the out of hospital reporting (workforce data, Advice and Guidance and peer review).</p> <p>DC asked whether there was any impact caused by the increase in activity for 17/18. PG responded that there were clear benefits as these interventions would have otherwise been done in secondary care and been more expensive. NW would feedback to clusters details of the out of hospital data.</p> <p>Work was about to begin on the 19/20 scheme and it was agreed to share early ideas at the September meeting</p> <p>Action – Paper on PMS 19/20 scheme proposals to September JPCCC meeting</p>
<p>8</p>	<p>GPFV – Delivery Update</p> <p>Hand outs of a presentation were circulated.</p> <p>Extended Access SC reported that the deadline had been brought forward to 1 September and indications were that providers were on track to deliver on time. PIN notice had closed without challenge.</p> <p>Workforce SC summarised the developments taking place in the workforce programme.</p> <p>ETTF NW summarised the progress of the ETTF developments</p> <p>DH commented that at the recent PPEC meeting it had been agreed that there was a need for health sector engagement and education as well as public education so that patients were directed to the most appropriate health care professional. It was proposed to raise IT navigation with the new IT Manager.</p> <p>Action – SC to liaise with IT Manager with regard to IT navigation.</p>

<p>9</p>	<p>Practice Transformation Funds</p> <p>The paper was noted by the Committee.</p> <p>NW gave a summary of the first year of the schemes explaining that some clusters were carrying on the same scheme into the second year and others starting new ones.</p> <p>PC commented that it would be useful to have a description of the impact the schemes.</p> <p>DC pointed out that the total amount of investment into primary care was significant and it was important to be clear that the required outcomes were being achieved.</p> <p>PC added that IBCF funding had supported some of the projects in Central Bedfordshire locality and that the new Community Health Service's transformation plan would help to make a consolidated impact.</p> <p>KW said that there needed to be a link to Transformation boards and place based plans ...</p> <p>Action – NW to bring a PTF update to the September meeting</p>
<p>10</p>	<p>Extended Access Outcome of PIN and Mobilisation Plans</p> <p>The paper was noted by the Committee.</p> <p>DC commented that should the named providers be unable to provide the service there needed to be a plan built into the due diligence process. NW responded that a deep dive into all aspects of mobilisation had begun with the providers together with evidence and once completed the risks would be identified and understood and a paper would go to the Governing Body for sign off.</p> <p>Action – paper to July meeting to confirm the providers</p>
<p>11</p>	<p>Contract for The Village Medical Centre</p> <p><i>DH left the meeting for this item</i></p> <p>The paper was noted by the Committee. CG explained the background and the reasons for the failed procurement the previous year. A business case was going to be submitted to the July CEG to recommend a 5+5 contract.</p> <div data-bbox="244 1467 1517 1675" style="background-color: black; width: 100%; height: 100%;"></div> <p>PG highlighted that that the weighted list size had always been an issue for this practice, although it had made some changes to its model and made some savings. PC added that there had not been any S106 money contributions to build the premises.</p> <p>The Committee gave its support for a joint letter of comfort from NHSE/BCCG to be sent to the owner of The Village MC premises.</p>
<p>12</p>	<p>17/18 Complaints Report</p> <p>MF introduced this paper the contents of which were noted by the Committee.</p>

	<p>Overall, there was agreement that 44 complaints over the period 17/18 was a good position.</p> <p>It was highlighted that practices dealt with complaints internally but these were not reflected in the numbers. MF responded that the two tier process was to enable patients to have another means to raise their complaints where they were not satisfied with the outcome via the practice route.</p> <p>It was agreed that there should be more transparency and signposting to complaints procedures.</p> <p>DH was surprised that there seemed to be so few complaints about difficulties in getting appointments.</p>
13	<p>Financial Update</p> <p>NW reported that Months 2 was not yet available and suggested 3 be brought to the July meeting.</p> <p>Action – RG/RH to meet to discuss delegated commissioning standard budget reports Action: NW to contact Matt James to provide M3 for July meeting</p>
14	<p>Business Cycle Planner 17/18</p> <p>This was noted by the Committee.</p> <p>There was a discussion about the process and timeframe for re-applying for delegated commissioning. RG stressed the importance of being aware of the process and timeframe for reapplying for delegated commissioning so that the ground work could be done in advance. It was not clear whether the CCG could reapply whilst in special measures and if or when this status might be lifted.</p> <p>Action – DC to raise at forthcoming Special Measures meeting and report back at next meeting.</p>
	<p><i>Part 1 of the agenda closed at 11.02 and was followed by a short break</i></p>

