

**NHS Herts Valleys Clinical Commissioning Group**

**Joint Commissioning Committee Meeting**

**held on Thursday, 16 July 2015 at 9.30pm**

**in the Apsley Meeting Room, Hemel One, Hemel Hempstead**

**Present**

Alison Gardner	Board Lay Member (Chair of the meeting)
Nicola Bell	Accountable Officer
David Buckle	Executive Medical Director ( <i>item JC/5/15 to item JC/8/15</i> )
Dominic Cox	Locality Director, NHS England, Central Midlands
Mike Edwards	Board GP Member (Hertsmere)
Clair Moring	Board GP Member (Watford and Three Rivers)
Jan Norman	Director of Nursing and Quality
Richard Pile	Board GP Member (St Albans and Harpenden)
Alan Warren	Chief Finance Officer
Peter Graves	Local Medical Committee
Diane Curbishley	Interim Head of Nursing and Quality

**In Attendance**

Louise Gaffney	Director of Strategy & Transformation ( <i>for item JC/7/15 only</i> )
Michelle Campbell	Head of Primary Care Strategy
Jayne Taylor	Chief Locality Officer, Hertsmere
Marcelle Olsen	Chief Locality Officer, St Albans and Harpenden

**JC/16/15 Welcome and Apologies for Absence**

16.1 A Gardner welcomed everyone to meeting. Apologies for absence were received from Trevor Fernandes, Paul Smith, Rachel Lea, Avni Shah, Lynn Dalton and Lynn Hughes.

**JC/17/15 Chairman Arrangements**

17.1 A Gardner advised that a successful appointment has been made for additional Board Lay Member but the start date is yet to be confirmed, but they will be in post to chair the September Joint Commissioning Committee. The group thanked Alison for her support to the committee.

**JC/18/15 Declaration of Interests**

18.1 R Pile declared an interest in item JC/23/15 Increasing Capacity in Primary Care for St Albans and Harpenden as his practice is within this locality.

18.2 M Edwards declared an interested in item JC/23/15 Increasing Capacity in Primary Care for Hertsmere as his practice is within this locality and item JC/21/15 as his practice holds a PMS Contract and is involved with this process.

18.3 C Moring declared an interest in item JC/6/15 as she is a GP within the Watford and Three Rivers Locality; however her practice is not part of the PMCF pilot.

**JC/19/15 Minutes of Previous Meeting – 14 May 2015**

19.1 It was noted that this agenda item was missing from the agenda and should be a standing agenda item for each meeting.

19.2 There were a few inaccuracies noted at the meeting:

19.3 Where it was noted that Rachel Lea was in attendance, the word *Council* should be replaced by *Committee* for the Local Medical Committee.

19.4 Item JC/5/15 – Draft Primary Care Strategy  
The minutes do not reflect there is a national workforce issue and therefore it was agreed that the minutes should be amended to include an additional sentence to emphasis the problem. **Action JC/19.4/15 (A Shah)**

19.5 Item JC/6/15 – GP Contract Procurement  
6.2 - The recollection is that the contract extension was not agreed for all 3 practices to September 2016. All 3 were being considered but just one was agreed – West Herts Medical Centre.

19.6 Item JC/10/15 – Prime Ministers Challenge Fund Update – Watford Care Alliance  
10.1 – remove the word “the” before “14 GP Practices in the Watford Locality”.

19.7 Item JC/12/15 – GP Complaints Summary  
12.1 – wording should be changed to include “further reports should come to the Joint Commissioning Committee meetings”.

**JC/20/15 Matters Arising and Action Log**

20.1 Action 1 - D Buckle now a member of the Joint Commissioning Committee so TOR agreed. **Action Closed**

20.2 Action 2 - update required for September meeting. **Action Open**

20.3 Action 4 – Herts Urgent Care discussions are on-going. Update to be provided at the next meeting. **Action Open**

20.4 Action 6 – no update for the meeting. Revised KPIs to be circulated to the group. **Action Open**

20.5 Action 8 – Personal Medical Services Review is on the agenda so update provided in the main meeting. **Action Open**

20.6 Action 9 – There are 2 schemes; 1) improvement grants which are progressing quickly and 2) infrastructure funds which is run centrally and is in progress. It was advised that Practices aren’t aware what’s happening next year and guidance is needed to practices can start to prepare bids in advance. It was agreed that this will be a full agenda item at the next meeting. **Action Open**

20.7 Action 13 – There is a national complaints return being co-ordinated currently and

a full report will be provided at the next meeting. It was agreed that this will be a full agenda item at the next meeting. **Action Open**

**JC/21/15 Personal Medical Services Review**

- 21.1 M Edwards declared an interest as a result of his GP Practice involvement which was noted.
- 21.2 D Cox talked to the paper submitted on the options offered to PMS Practices under the review process. Practices have until 1<sup>st</sup> October 2015 to decide which option they wish to take. If practices chose to return to GMS then the CCG needs to be clear on how this money will be reinvested into Primary Medical Services.
- 21.3 M Edwards advised that the CCG needs to understand what PMS Practices are offering over and above core GMS Services. N Bell advised that the CCG needs to be clear on the role they play in this and what do we do about the services we lose.
- 21.4 P Graves advised that the LMC are arranging 2 workshops for PMS Practices across Hertfordshire and Bedfordshire and the CCG are invited to attend.
- 21.5 It was agreed that this should remain as a standing agenda item whilst the review process has completed.

**JC/22/15 Prime Ministers Challenge Fund – Evaluation of Watford Care Alliance**

- 22.1 An evaluation report for the Watford Prime Ministers Challenge Fund (PMCF) was presented and discussed at length. D Buckle advised that the challenge is to find a practical way to support 7 day services in a cost effective and efficient way and would be in favour of continuing the current model to allow time to realise our ambitions for Primary Care not just General Practice.
- 22.2 P Graves raised a concern regarding the appointment cost comparison with the extended hours DES as this seems too high which M Edwards agreed. M Campbell shared the calculation provided by NHS England. D Cox agreed to seek clarification on how the cost was calculated. **Action JC/22.2/15 (D Cox)**
- 22.3 C Moring advised that as the model is delivered only across half the locality it is difficult to advertise the service resulting in inequity of access and difficulty in demonstrating any impact on other services. There was a further lengthy discussion on extending the PMCF model across the locality and the risks for not supporting the model. The locality should see this is an opportunity to shape the model for 7 day services to align with national thinking.
- 22.4 The group discussed how the PMCF extended hours model could be delivered to interface with the increasing capacity in primary care schemes as practices in the PMCF are also in receipt of an allocation of this money. M Edwards questioned whether the rest of the locality would be prepared to use their allocation to join the PMCF model. This will be explored through the locality options paper.
- 22.5 C Moring agreed that it is a concern to use the increasing capacity money to support the extension of the extended hour's model across the locality; however the benefit is will provide additional capacity for urgent appointments at evenings and weekends.

- 22.6 The group agreed that further work needs to be completed on the financial modelling and options for the service model going forward and how it interacts with the increasing capacity schemes and extended hours DES.
- 22.7 The decision to extend the PMCF model was agreed until March 2016 with a further paper to be brought back to the meeting in September with clear evaluation criteria. **Action JC/22.7/15 (D Buckle, M Campbell)**

M Edwards asked other than the extended hour's model, how will the other models be extended. C Moring advised that these could be looked at through other initiatives currently under review.

### **JC/23/15 Increasing Capacity in Primary Care**

- 23.1 L Gaffney presented the overarching evaluation report for the localities Increasing Capacity in Primary Care schemes for 2014/15. Overall the schemes in Hertsmere, St Albans and Harpenden and Watford and Three Rivers delivered its intended outcome of increased appointments offered in Primary Care. The secondary care data does not draw any conclusions on whether these schemes had a specific impact on A&E Attendances and NEL admissions; however it does show it hasn't increased. The schemes were positively received by both patients and workforce.
- 23.2 Increasing Capacity in Primary Care – Hertsmere locality report  
J Taylor presented the Hertsmere evaluation report for 2014/15 that outlined the model which included additional GP and nurse appointments, proactive care in housebound patients and working with "Doctor First" to review the practice appointment system to ensure efficiencies. All appointments that were available through the period were utilised. The locality wishes to continue the scheme in 2015/16 but to start earlier in the year to enable practices to secure workforce. The locality also proposed to use some of the funds for innovation e.g. to expand Doctor First. It was agreed that this proposal needs to be passed through the PPI group. **Action JC/23.3/15 (J Taylor)**
- 23.3 Increasing Capacity in Primary Care – St Albans report  
M Olsen presented the 2014/15 evaluation report for St Albans and Harpenden. Out of the appointments available, 95% were booked. The data suggests that there was a reduction in secondary care activity between January and March. Going forward into 2015/16 the locality would like to look at a model that addresses the A&E attendances for 0-4yrs and also requested the funding was available to localities in August, to allow practices to secure workforce and look at different ways of running appointments and clinics.
- 23.4 C Moring reported that in Watford the individual practice data had shown a reduction of A&E attendances for 0-4yrs during the period where the increasing capacity in primary care scheme was running. L Gaffney commented that the evaluation criteria for the 15/16 schemes should be agreed at the outset so that all schemes are evaluated using the same criteria. J Taylor agreed to develop an evaluation framework. **Action JC/23.4/15 (J Taylor)**
- 23.5 At this point M Edwards, R Pile and C Moring stepped out of the meeting due to declared conflicts of interest.

- 23.6 The group approved the Hertsmere and St Albans and Harpenden 2015/16 Schemes and agreed that the funding can be released early to enable better planning.
- 23.7 As the Watford locality is developing other models a business case will be brought to the J Committee for approval. This should be supported by an EQIA.  
**Action JC/23.7/15 (D Buckle)**
- 23.8 D Cox suggested that it would be good to quantify in the evaluation when the appointments were delivered to evidence the proportion delivered outside of normal surgery hours and weekends. D Buckle supported this approach as it would provide probity and assurance there was additionality for the payments received. P Graves also supported this approach.
- 23.9 The group agreed that the delivery of appointments through the increasing capacity in primary care would demonstrate additionality over and above what is already provided as business as usual and a significant amount to be outside of core hours; to be determined by localities.

**JC/23/15 Primary Care Plus Specification for Long Term Conditions and Older People**

- 23.1 D Buckle presented the specification which was discussed in length. The group were advised that the scheme is for 3 years and if components are achieved will provide greater clinical care for patients. P Graves advised that there is a concern around the level of information practices are expected to produce and C Moring responded to advise that the specification is supported by written searches and templates for practice utilisation. C Moring raised a concern around the timing of getting this out to practices and the targets are not manageable in the quarter they are due to be delivered. There may be some resistance.
- 23.2 J Norman questioned why the paper was not supported by an Equality and Impact Assessment. D Buckle advised that it does need one but does not think there are medical concerns on safety. NB advised that committee needs to decide not to approve future papers that are not supported by an Equality and Impact Assessment. The Committee agreed.
- 23.3 There was a further discussion on the concerns around the timing and transparency of the payment structure. M Campbell advised that the scheme will run for a period of 3 years and the delivery of the whole specification is expected by the end of that period. A Warren confirmed that the total expenditure is within the financial envelope however further work needs to be completed to evidence the value for money and how we can benchmark against similar schemes in neighbouring areas and brought back to the next meeting.  
**Action JC/23.3/15 (D Buckle, M Campbell)**
- 23.4 N Bell requested that quarterly reports were brought to the Joint Commissioning Committee for all the Primary Care Plus Schemes including the Long Term Conditions and Older Peoples specification for update on progress.
- 23.5 D Buckle suggested that the specification allows some review and it was agreed this should be done in Year 2. M Edwards recommended that the payment structure is simplified as part of that review.

- 23.6 The service specification was approved and was to be circulated to practices w/c 20 July 2015. **Action JC/23.6.15 (D Buckle, M Campbell)**
- JC/24/15 Primary Care Commissioning Working Group – Terms of Reference**
- 24.1 P Graves advised that the LMC had been missed off and other reference groups need to be invited as appropriate. TOR to be updated. **Action JC/9.1.15 (D Buckle)**
- 24.2 The Committee approved the Terms of Reference.
- JC/25/15 “Shadow” Primary Care Commissioning Working Group Minutes**
- 25.1 The minutes of the Primary Care Commissioning Working Group were provided for information. The group had nothing to note.
- JC/25/15 Any Other Business**
- 25.1 There was none to note.
- JC/26/15 Risks Identified During the Meeting**
- 26.1 The following risks were noted for inclusion on the Corporate Risk Register:
1. Workforce Issues – The LMC is arranging a conference to discuss this with Health Education England. Local authorities, CCGs and other stakeholders will be invited. Feedback following the workshop will be provided to the January 2016 meeting.
  2. Papers submitted to the Joint Commissioning Committee will not be received if not supported by an EQIA.
  3. Risk of probity issues in relation to payments for Increasing Capacity in Primary Care being seen as a double payment to practices.
- JC/27/15 Items for Cascade to Localities**
1. Long Term Conditions and Older Peoples Specification
  2. Increasing Capacity in Primary Care
  3. Prime Ministers Challenge Fund
  4. PMS Reviews
  5. Infrastructure Funds
- JC/28/15 Date of next meeting**
- The next meeting is scheduled to take place on Thursday 17<sup>th</sup> September 2015 at Hemel One. R Pile sent his apologies for the next meeting.