

JOINT COMMISSIONING COMMITTEE (PUBLIC)

MEETING TO BE HELD ON THURSDAY 13 JULY 2017

WNCCG MEETING ROOMS, HERON HOUSE

13:45 TO 14:30

AGENDA

No.	Item	Accountable Lead	Enclosure	Purpose
1.	<u>Present / Apologies</u>			
2.	<u>Declaration of Interests: Register</u>	Chair	Enclosure A	Declare
<p style="text-align: center;">Members are requested now to declare any interests (as defined within the Conflicts of Interest Policy) that are relevant to the matters about to be discussed. Discussion on business where an interest has been declared will be managed in accordance with Section 8.4 of the Constitution. Members are reminded that if in the course of the meeting's business an undeclared interest becomes relevant, they are to declare it.</p>				
3.	<u>Minutes of Public Meeting held on 11 May 2017</u>	Chair	Enclosure B	Approve
4.	<u>Action Tracker</u>	Chair	Enclosure C	Action
5.	<u>GP Services Month 2 Finance Report</u>	Emma Cox	Enclosure D	Note
6.	<u>General Practice Resilience</u>	Jenni Northcote	Verbal	Note
7.	<u>Primary Care Update</u>	Jenni Northcote	Enclosure E	Note
8.	<u>Update on Individual GP Practice GMS Contractual Changes 2017/18</u>	Anna Nicholls	Enclosure F	Note
9.	<u>Enhanced Service Sign Up 2017/18</u>	Anna Nicholls	Enclosure G	Note
10.	<u>NHS England (West Midlands) 2017/18 Minor Surgery Cap</u>	Anna Nicholls	Enclosure H	Agree
11.	<u>Health Planning Update</u>	Jenni Northcote	Enclosure I	Note
12.	<u>Any Other Business</u>			

Future Meetings held in Public:

Date	Time	Venue
14-Sep-17	13:45 to 14:30	Heron House, Newdegate Street, Nuneaton
09-Nov-17		
11-Jan-18		
08-Mar-18		

Role	Number of Votes Held
NHS England – Total Votes 3	
Locality Director (or representative)	1
Head of Primary Care (or representative)	1
Contracts Manager (or representative)	1
Warwickshire North CCG – Total Votes – 3	
Lay Member for Audit and Governance	1
Lay Member	1
Chief Finance Officer (Executive) or Deputy	1
Director with responsibility for Primary Care Contracting (Executive)	0
GP who is a partner in a WNCCG Member Practice	0
CCG Primary Care Quality Lead (GP)	0
Observers – Total Votes – 0	
Healthwatch Representative	0
Health and Wellbeing Board Representative	0
LMC	0

The voting rights of each member are set out in the table above. NHS England and Warwickshire North CCG shall hold an equal number of votes. In the event of a vote the casting vote will be as follows:

- CCG members of the joint committee will have the casting vote on any decisions pertaining to one of their statutory functions.
- NHS England members of the joint committee will have a casting vote on any decisions pertaining to one of their statutory functions.

A quorum shall be 5 of the members of the Committee, including 1 Lay Member, 2 NHS England Representatives and 1 CCG Executive and 1 GP representative.

Declarations of Interest

*Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. **Where possible, any conflict of interest should be declared to the Chair of the meeting as soon as it is identified in advance of the meeting.** Where this is not possible, it is essential that at the beginning of the meeting a declaration is made if anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting. An interest relevant to the business of the meeting should be declared whether or not the interest has previously been declared.*

Type of Interest	Description
<p>Financial Interests</p>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
<p>Non-Financial Professional Interests</p>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
<p>Non-Financial Personal Interests</p>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
<p>Indirect Interests</p>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.

**NHS Warwickshire North Clinical Commissioning Group
Register of Interests**

First Name	Last Name	Current position(s) held in CCG, ie Governing Body member, Committee member, Member Practice; CCG employee or other	Declared Interest (Name of the organisation and nature of the business)	Type of Interest					Date of interest		Action taken to mitigate risk
				Financial	Non-Financial	Professional	Non-financial	Personal	Indirect		
Rebecca	Bartholomew	Director of Nursing	1. Member of Joint Executive Team of Warwickshire North CCG and Coventry and Rugby CCG (employed by Warwickshire North CCG)		✓				Apr-17	current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Anthony	Chapman	Assistant Director of Finance (Primary Care and Corporate)	1. Volunteer Fundraiser for WellChild. 2. Wife works for NHSE 3. Joint AD of Finance for Warwickshire North CCG and Coventry and Rugby CCG (Employed by Warwickshire North CCG)			✓			Feb-17 Apr-17	Current Current	Withdrawal from debate on commissioning a service that could be delivered by this organisation. Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Martina	Ellery	Deputy Head of Primary Care (NHS England)	Nil								No action required
Andrea	Green	Chief Officer	1. Joint Chief Officer at Coventry and Rugby CCG and Warwickshire North CCG (employed by Warwickshire North CCG)	✓					Jul-16	current	No action required - organisations working under joint arrangements approved by NHS England.
Charmaine	Hawker	Assistant Head of Finance for Primary Care (NHS England)	Nil								No action required
Clare	Hollingworth	Chief Finance Officer	1. Joint Chief Finance Officer for Warwickshire North CCG and Coventry and Rugby CCG (employed by Coventry and Rugby CCG)		✓				Apr-17	current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Godwin	Igodo	Clinical Lead	1. GP at Camphill GP led Health Centre 2. Director at Ripples Healthcare	✓ ✓						Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
Arshad	Khan	Clinical Lead	1. GP at Station Street Surgery 2. GP Torcross Medical Centre, Coventry 3. Locum at Recovery Partnership	✓ ✓ ✓	✓ ✓ ✓					Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
Chris	Lonsdale	Director of Finance	1. Joint Director of Finance for Warwickshire North CCG and Coventry and Rugby CCG (Employed by Coventry and Rugby CCG)		✓				Apr-17	Current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Maria	Maltby	Head of Corporate Affairs	1. Member of Joint Executive Team of Warwickshire North CCG and Coventry and Rugby CCG (employed by Warwickshire North CCG)		✓				Apr-17	Current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Mary	Mansfield	Deputy Chief Quality Officer	Nil								No action required
Anna	Nichols	Senior Contract Manager (NHS England)	Nil								No action required
Jenni	Northcote	Chief Strategy and Primary Care Officer	1. Joint Chief Strategy and Primary Care Officer for Warwickshire North CCG and Coventry and Rugby CCG (Employed by Warwickshire North CCG)		✓				Apr-17	Current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Graham	Nuttall	Lay Member for Primary Care	1. 50% Shareholder of Graham Nuttall Associates Ltd 2. Trustee and Board Member at Bulkington Village Centre	✓			✓		14/09/2015 14/09/2015	Current Current	Further declaration to be made on any specific projects identified which will impact on the CCG. Withdrawal from any debate in which Bulkington Village Centre is being considered.
Chris	Pycock	Secondary Care Doctor	1. Consultant (Locum Consultant Physician) for South Worcestershire Health and Care (Community) NHS Trust	✓					Dec-14	Current	Withdrawal from debate on commissioning a service that could be delivered by this organisation.

**NHS Warwickshire North Clinical Commissioning Group
Register of Interests**

First Name	Last Name	Current position(s) held in CCG, ie Governing Body member, Committee member, Member Practice; CCG employee or other	Declared Interest (Name of the organisation and nature of the business)	Type of Interest				Date of interest	Action taken to mitigate risk
Deryth	Stevens	Chair	1. Partner at Dordon and Polesworth Group Practice 2. Dordon and Polesworth Group Practice is a member of Primary Care Warwickshire Federation 3. A business partner at Dordon and Polesworth Group Practice has a financial interest in Linden Nursing Home Group	✓				Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
				✓				Current	
						✓		Current	
Dave	Weston	GP, Warwickshire Local Medical Committee Representative	1. Partner at Atherstone Surgery 2. Practice is a member of the Primary Care Warwickshire Federation 3. Joint Partner/Director of the Atherstone Research Group 4. Joint and equal ownership with other Partners in the practice of Atherstone in-practice pharmacy 5. A partner in the Atherstone Surgery has a special interest working for The Recovery Partnership	✓				Current	Withdrawal from debate on commissioning a service that could be delivered by any of these organisations.
				✓				Current	
				✓				Current	
				✓			✓	Current	
David	Williams	Locality Director (NHS England West Midlands)	Chairman of Revolving Doors Agency		✓			Current	Withdrawal from any debate in which the agency is being considered.

JOINT COMMISSIONING COMMITTEE (PUBLIC)
UNCONFIRMED MINUTES OF THE MEETING HELD ON
 THURSDAY 11 MAY 2017, ENDEAVOUR MEETING ROOM, HERON HOUSE
 13:45 TO 14:30

1.	<u>Present</u>	<u>Initials</u>
1/1	Voting Members Graham Nuttall – Lay Member for Primary Care, WNCCG (Chair) Anthony Chapman – Assistant Director of Finance (Primary Care), WNCCG Emma Cox – Senior Finance Manager, NHS England Anna Nicholls – Deputy Head Commissioning, NHS England David Williams – Locality Director, NHS England	GN AC EC AN DWi
1/2	Non-Voting Members Dr Arshad Khan – General Practitioner, WNCCG Dr Godwin Igodo – General Practitioner, WNCCG Mary Mansfield – Deputy Director of Nursing, WNCCG Jenni Northcote – Chief Strategy and Primary Care Officer, WNCCG & CRCCG	AK GI MMa JN
1/3	In Attendance Deryth Stevens – Chair, WNCCG Maria Maltby – Head of Corporate Affairs, WNCCG Dr Dave Weston – GP and LMC Medical Secretary, WNCCG Paul Bourne – Public Observer Chris Bain – HealthWatch Angela Jordanou – Personal Assistant, WNCCG Ash Ryan – Personal Assistant, WNCCG (Minute Taker)	DS MMt DWe PB CB AJ AR
2.	<u>Apologies</u>	
2/1	Clare Hollingworth – Chief Finance Officer, CRCCG	CH
3.	<u>Declarations of Interests</u>	<u>Action</u>
3/1	Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.	
3/2	No declarations were made.	

		<u>Action</u>
4.	<u>Minutes of Previous Meeting</u>	
4.1	<u>Minutes of meeting held 9 March 2017</u>	
4/1/1	The Committee agreed the minutes from 9 March 2017 meeting as a true and accurate record.	
5.	<u>Action Tracker</u>	
5/1	Item 6: GMS Contract Changes: AN to advise JN how GP Retention Scheme programme can be accessed.	
5/2	JN: We have made an application for GP Retention as part of the pilot. We are awaiting feedback. Action complete.	
6.	<u>Matters Arising</u>	
6/1	There were no matters arising.	
7.	<u>Finance</u>	
7.1	<u>Financial Performance Report – Month 12</u>	
7/1/1	EC presented the month 12 financial update.	
7/1/2	The Committee noted that the allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 was £21.83m. The month 12 outturn was £21.61m delivering a surplus of £0.22m. This was due to the release of the 1% non-recurrent transformation fund in accordance with national policy which had remained uncommitted during the year.	
7/1/3	EC informed the Committee that NHS England were working through the opening 2017/18 GP Services forecast and this would be reported to the Committee at the next meeting. Action: EC to present the 2017/18 GP Services Opening Budget at the July Committee meeting.	EC
7/1/4	EC advised that the £0.22m surplus was non-recurrent and the CCG should develop a plan to invest the 2017/18 1% non-recurrent fund in full. AC advised that an initial plan would be presented at the July Committee meeting. Action: AC to present the CCG Plan to develop the £0.22m surplus during 2017/18 to at the July Committee meeting.	AC
7/1/5	The Committee noted the report.	

8.	<u>Primary Care Update</u>	<u>Action</u>
8/1	JN provided a verbal update on Primary Care activity:	
8/2	<p>Primary Care Home – The CCG had been successful in its expression of interest to participate in the Primary Care Home initiative run by the National Association of Primary Care (NAPC). The CCG and other stakeholders will be attending a launch event on 16 May 2017. An update will be provided to the next meeting.</p> <p>Action: JN to give an update on the Primary Care Homes at the July Committee meeting.</p>	JN
8/3	GP Forward View (GPFV) – The CCG’s GPFV submission had been reviewed and signed off by the NHS England national team. The next step was to confirm the investment plans. A GPFV Planning Group had been scheduled during May to undertake this work.	
8/4	Training – Clinical correspondence training and Practice Manager training was in the progress of being mobilised for rollout.	
8/5	Estates and Transformation Fund (ETTF) – Cohort 1 projects had completed within the agreed timescale. Cohort 2, the Hartshill development, was progressing and going through the business case approval stage.	
8/6	Practice Merger – The Bedworth practice merger had concluded. The merger had gone smoothly with some outstanding IT issues to resolve.	
8/7	Patient Group – The Patient Group had notified the CCG of some practice registration issues which were currently being explored with member practices.	
8/8	The Committee noted the update.	
9.	<u>HealthWatch Update</u>	
9/1	CB provided a briefing on HealthWatch activity.	
9/2	<p>CB advised that he was intending to visit every patient group in Warwickshire during 2017 to raise awareness of HealthWatch and explore how HealthWatch and CCGs could work together. CB added that HealthWatch intended to bring all of the patient groups together at a conference to be held in November 2017. This would enable issues across the county to be discussed. CB added that neither the conference nor the visits were intended to replace local processes. This was an additional measure to address bigger issues, such as the provision of care homes across the county.</p>	
9/3	The Committee noted the update.	
10.	<u>Items for Information</u>	
10/1	There were no items for information.	

11.	<u>Any Other Business</u>	<u>Action</u>
11/1	There was no additional business.	
	<p><u>DATE AND TIME OF NEXT PUBLIC MEETING:</u></p> <p>Thursday 13 July 2017, WNCCG Meeting Rooms, Heron House 13:45 – 14:30</p>	

DRAFT

ENC C: ACTION SCHEDULE - WARWICKSHIRE NORTH CCG JOINT COMMISSIONING COMMITTEE

ACTION REF	MEETING DATE	AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	CURRENT STATUS (Select from drop down box)	UPDATE	PUBLIC OR CLOSED MEETING
011	11/05/2017	7.1	Financial Performance Report – Month 12: EC to present the 2017/18 GP Services Opening Budget at the July Committee meeting.	Emma Cox	13/07/2016	Complete	Agenda item for public meeting	Public
012	11/05/2017	7.1	Financial Performance Report – Month 12: AC to present the CCG Plan to develop the £0.22m surplus during 2017/18 to at the July Committee meeting.	Anthony Chapman	13/07/2016	Complete	Agenda item for closed meeting	Public
013	11/05/2017	8.	Primary Care Update: JN to give an update on the Primary Care Homes at the July Committee meeting.	Jenni Northcote	13/07/2016	Complete	Agenda item for public meeting	Public

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Report To:	Joint Commissioning Committee
Report Title:	GP Services Month 2 Finance Report
Report From:	Emma Cox – Senior Finance Manager (Primary Care)
Date:	13 th July 2017
Previously considered by:	N/A

Purpose of the report:

To update the Joint Commissioning Committee on the 2017/18 Month 2 Forecast expenditure for GP Services for Warwickshire North CCG.

Key Points:

- The allocation to fund GP Services relating to Warwickshire North CCG for 2017/18 is £22.82m, at month 2 the forecast outturn is £22.82m delivering a breakeven position.
- The following planning metrics have been met within the 2017/18 opening position;
 - 0.5% contingency set aside for in year cost pressures (£0.12m)
 - 1% Non-Recurrent Transformation Fund set aside for investment (£0.23m)
- The opening forecasts have been modelled using the following assumptions;
 - Global Sum forecasts are based on the April 2017 weighted list sizes using the 2017/18 price per weighted patient value of £85.35.
 - List size growth is estimated to be 1.42% based on the April 2015 to April 2016 increase in weighted patients for NHS Warwickshire North CCG.
 - QOF forecasts have been based on 2016/17 outturn plus an estimated growth of 2% (2015/16 to 2016/17 growth was 1.77%)
 - Enhanced Service sign up is based on 2016/17, practices have until the 30th June 2017 to confirm sign up for this financial year and the forecasts will be amended in month 4 to reflect any changes.
 - Premises Forecasts are based on known costs or are estimated based on 2016/17 outturn where actuals are not known.
 - Dispensing and Prescribing fees are based on 2016/17 actual costs plus growth estimated at 5%.
 - Seniority is based on 2016/17 actual costs, reduced in line with the national phasing (recycled into Global Sum).
- The forecasts will be reviewed on a quarterly basis in line with the changes to the NHAIS list changes (i.e. July, October and January). Changes to the forecasted position will then be reported at the next available Committee meeting
- The 1% Non-Recurrent Transformation Fund is available for the CCG to invest, the CCG is asked to submit a plan to the committee for approval for this investment.

Recommendations:

The Joint Commissioning Committee are asked to:

- **NOTE** the contents of this report and;
- **DEVELOP** plans for the investment of the 2017/18 1% Non-Recurrent Fund which equates to £0.23m, this needs to be submitted to the NHS England Locality Director for Warwickshire North no later than 15th August 2017.

WNCCG Objectives (delete "✓" as appropriate):

To improve health, health outcomes and reduce inequalities	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020	
Quality, risk and assurance issues	None identified	
Equality and diversity issues	None identified	
Legal and regulatory issues	None identified	
Patient Engagement Issues	None identified	



**Warwickshire North CCG
2017/18 GP Services
Month 2 Finance Report**

Warwickshire North CCG GP Services Budget

Month 2 2017/18

Version number: 1

First published: 23.06.2017

Prepared by: Emma Cox, NHS England West Midlands

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 2017/18 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2017/18 is £22.82m. The month 2 outturn is £22.82m delivering a break even position.

The following planning metrics have been met within the 2017/18 opening position;

- 0.5% contingency set aside for in year cost pressures (£0.12m)
- 1% Non-Recurrent Transformation Fund set aside for investment (£0.23m)

There is no requirement for a surplus to be delivered against this budget.

The table below shows the breakdown of the month 2 opening forecast position;

	Month 2 Opening Forecast
	£'000s
General Practice APMS	1,162
General Practice GMS	15,495
General Practice PMS	0
QOF	2,455
Enhanced Services	731
Dispensing/Prescribing Fees	677
Premises Cost Reimbursements	1,426
Other Premises	26
Other GP Services	500
1% Non Recurrent Transformation Fund	229
0.5% Contingency	115
TOTAL	22,817

The opening forecasts have been modelled using the following assumptions;

- Global Sum forecasts are based on the April 2017 weighted list sizes using the 2017/18 price per weighted patient value of £85.35.
- List size growth is estimated to be 1.42% based on the April 2015 to April 2016 increase in weighted patients for NHS Warwickshire North CCG.
- QOF forecasts have been based on 2016/17 outturn plus an estimated growth of 2% (2015/16 to 2016/17 growth was 1.77%)
- Enhanced Service sign up is based on 2016/17, practices have until the 30th June 2017 to confirm sign up for this financial year and the forecasts will be amended in month 4 to reflect any changes.
- Premises Forecasts are based on known costs or are estimated based on 2016/17 outturn where actuals are not known.
- Dispensing and Prescribing fees are based on 2016/17 actual costs plus growth estimated at 5%.
- Seniority is based on 2016/17 actual costs, reduced in line with the national phasing (recycled into Global Sum).

The forecasts will be reviewed on a quarterly basis in line with the changes to the NHAIS list changes (i.e. July, October and January). Changes to the forecasted position will then be reported at the next available Committee meeting.

2 Access to 2017/18 Primary Care Reserves

The following planning metrics have been met within the 2017/18 opening position;

- 0.5% contingency set aside to in year cost pressures (£0.12m)
- 1% Non-Recurrent Transformation Fund set aside for investment (£0.23m)

The 0.5% contingency is available in full for in year cost pressures and this will be reviewed quarterly in line with the forecast updates. Should any of the contingency not be required later in the financial year it will be made available to the CCG to invest.

The 1% Non-Recurrent Transformation Fund is available for the CCG to invest, the CCG is asked to submit a plan to the committee for approval for this investment.

3 Conclusion

NHS England West Midlands will continue to monitor the financial position of the GP Services budget allocated to the CCG in 2017/18 and will report any adverse variance accordingly on a quarterly basis; including the use of reserves and contingency funding.

4 Recommendations

The Committee is asked to:

- Note the contents of this report.
- Develop plans for the investment of the 2017/18 1% Non-Recurrent Fund which equates to £0.23m, this needs to be submitted to the NHSE England Locality Director for Warwickshire North no later than 15th August 2017.

Charmaine Hawker
Head of Finance (Direct Commissioning/Primary Care Assurance)
NHS England West Midlands

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Report To:	Joint Commissioning Committee
Report Title:	Primary Care Update
Report From:	Jenni Northcote – Chief Strategy and Primary Care Officer
Date:	13 th July 2017
Previously considered by:	N/A

Purpose of the report:
To update the Joint Commissioning Committee on the key primary care developments progressed between September and October 2016.
Key Points:
The briefing outlines the key areas of engagement and development progressed with primary care this period.
Recommendation:
The Joint Commissioning Committee are asked to: <ul style="list-style-type: none"> • NOTE the update.

WNCCG Objectives <i>(delete "✓" as appropriate):</i>	
To improve health, health outcomes and reduce inequalities	To make the best use of resources
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020
Quality, risk and assurance issues	None identified
Equality and diversity issues	None identified
Legal and regulatory issues	None identified
Patient Engagement Issues	None identified

Primary Care Update to Joint Commissioning Committee

May – June 2017

Introduction:

This report provides an update on the primary care developments taken forward this period and is intended to provide the JCC with an over view of the specific work streams / business relating to primary care:

Finance Update:

The CCG has continued to retain and build good relationships between the finance lead with responsibility for primary care practices. During this period the key reporting update on primary care finance is set out below:

- **Enhanced Services** – Payments for enhanced services continue paid upon submission from practices with a quarterly flex and freeze approach allowing practices to submit any missed activity within the quarter. Q4 reconciliation has been carried out and amounts disseminated to practices for confirmation. Majority of practices have responded and payments/recoveries are being made in the June and July enhanced services payments.

Primary Care IT Update:

NHS England are expecting national approval for the Business as Usual (BAU) GP IT capital schemes in mid-July, after which funding will be released to CCGs. Delays have been due to Midlands and East Region going through a process to enable them, in the future, to approve bids regionally, as opposed to nationally. In future this change is expected to speed up the capital process for GPIT and ETTF.

The CCG has received confirmation from NHS Digital that it will be receiving £101,869 in non-recurrent funding in 2017/18 to fund the implementation of GP WIFI into its member practices. This allocation includes £33,569 to fund a part-time project manager. Details about the specification, procurement process and implementation timeline are expected from NHS Digital over the summer. The continued provision of WIFI services in general practice will become a 'core & mandated' requirement in the GP IT Operating Model: 2016-18 Securing Excellence in GP IT services. This will ensure that network funding and commissioning arrangements are aligned with GPIT operating arrangements, providing the appropriate governance and assurance framework for GP IT investments.

Estates Forum and Estates Transformation and Technology Fund (ETTF):

The CCG (and responsible GP practice) are awaiting the revised Premises Directions to understand any potential impact on its Cohort 2 proposed new build development at Hartshill. The practice is aware of this delay and potential risk to the

build timeline. Kerry Biggs (NHS England) is the NHS England point of contact liaising directly with the practice.

The CCG received confirmation in May that its request for specialist business case support through CHP, for new build schemes under Cohort 2 & 3 had been successful. The CCG is now progressing the business case development for the new build projects at Weddington and Rural North Warwickshire.

A separate report has been provided to JCC on the wider CCG estates and planning developments this period the highlights in this report being:

- Local Estates Forum – Warwickshire North CCG and Coventry & Rugby CCG to have a joint LEF moving forward. The focus of each LEF will shift between Warwickshire and Coventry each month.
- The CCG and Public Health have responded to 7 planning applications from April until June. The status of these is yet to be decided.
- North Nuneaton (Weddington) – The CCG has secured funding to develop a business case for the potential new medical centre in north Nuneaton.
- The CCG have commissioned the Design Buro to refresh the estates work which was undertaken last year. The refresh will include the most up-to-date planning numbers.

Primary Care Developments Update:

The CCG has recently launched a new QIPP prescribing gain share initiative across member practices currently we have achieved 8 out of 13 practices have signed and returned the medicine optimisation incentive scheme SLA. The scheme focuses on specified prescription switches where there is non-clinical or therapeutic impact on outcomes to patients where savings against primary care budgets can be achieved. The CCG has also recently launched a new Insulin Initiation in primary care scheme aimed at providing support in primary care to avoid unnecessary secondary care referral. The CCG has also worked closely with member practices, the LMC and NHSE to understand list registration pressures across WNCCG practices. The recent meeting with members held in collaboration with the LMC focused on understanding the position of each practice in respect to patient registration demands. At the meeting the contract requirements were discussed. Member practices present agreed a set of local principals for dealing with registration pressures and communicating and working collaboratively on this issue. The CCG is now following up with other practices that were not in attendance so that the CCG has a clear understanding of current registration capacity across the CCG area

General Practice Forward View Update:

The GPFV met in May and June with future monthly meetings planned to follow Members Engagement. The group have identified priorities for primary care resilience investment including: Policy Library, Vision Anywhere, QOF Prevalence Tool, Nurse Mentoring, Nurse Prescribing, Primary Care resilience and Vulnerability audit.

Following the submission of the expression of interest to the 'Time to Care Programme'; the GPFV group held a telephone conference call with the NHSE programme leads to consider how this initiative could benefit member practices. It was agreed that the group would review the programme offer to identify the priority areas of support linked to the GPFV high impact actions. Typically the support offered is up to 6 learning in action sessions (3.5 hour minimum), usually 4 – 6 weeks apart designed to introduce tools and techniques to support productive, high impact practice changes with an opportunity for participants to identify and undertake change 'tests' in their practice. Participants will also benefit from networking and learning from others, both locally and nationally. A follow up meeting will be scheduled in July to take this initiative forward.

The GPFV group has progressed proposals for the delivery of a CCG wide programme of 'clinical administration training', delivered by Thornfield's. The training is available to all practice and focuses on developing competence and confidence of identified staff to triage routine administration; to reduce unnecessary administrative burden on GP's where appropriate. It is anticipated that around 10% of GP time can be released through such initiatives. There has been good take up from practices across WNCCG.

The CCG is currently exploring the opportunity to submit an expression of interest to NHSE for 'International Recruitment'. The CCG has liaised with LMC, GPFV group and the Alliance to understand the local appetite for submitting a proposal. The CCG has also liaised with neighbouring CCG's and has approached Birmingham CCG's to share their proposal. The CCG is hoping to set up a meeting with Birmingham in July to understand how they have approached their submission and to consider if a similar approach would be appropriate for WNCCG. There is also interest in developing a joint proposal with CRCCG which is currently being explored in liaison with the Federation WNCCG and the GP Alliance CRCCG. The CCG will not meet the July submission date but will consider progressing discussions in order to make a potential submission for the next submission which is in November.

The CCG has initiated discussions with member practices for the next round of resilience funding available to practices. The resilience fund can be applied for as a practice level self-referral and all member practices are aware of this opportunity. However discussions with member practices through the Practise Managers meeting and GPFVG have indicated there is support for a co-ordinated CCG wide submission to recognise the local needs and resilience issues across our member practices.

Primary Care Home:

The CCG submission to Primary Care Home has been successful and a contingent from WNCCG and CRCCG went to the launch event. An initial discussion on PCH has been held at member's engagement and the CCG is currently developing proposals to facilitate engagement of practices and to invest in capacity to support

the development, clinical leadership and co-ordination of the HUB networks as the foot print for our PCH development. The CCG will utilise the GPFV group to develop and test these proposals and has included indicative investment in the CCGs 1% primary care non-recurrent investment plan presented to JCC separately

Social Prescribing Role Out:

The pilot has now been extended and is being rolled out across WNCCG practices. Social Prescribing

- Agreement with Chancery Lane to support scale up - including targeted patient groups.
- Meetings with WCAVA and Age UK to discuss referrals and KPI's
- Age UK jobs are out to advert and should be in place from 1st August
- Will need to get the referral form onto DSX to enable easier referrals
- Exploration of promotional material required to ensure that service meets targets
- Discussions are also in development to integrate support offered by Age UK and CAVA to form one integrated social prescribing offer.

Members Engagement:

There have been one members engagement meeting this period which was held in May and included an update from Public Health covering Health Checks, Stop Smoking Services, Fitter Futures and Suicide Prevention. The members meeting also covered CQC recommendations to Primary Care following recent inspections, Briefing on Primary Care Home, and a discussion with GEH representative regarding the 'Health Campus' proposals which GEH are engaging key stakeholders on.

Members Council Meeting:

The bi-annual members council meeting was held in June during which proposed CCG constitutional changes were considered. The members Council was also utilised as an opportunity for members to receive the CCG Annual Report and Accounts ahead of the AGM. There was also an update on key areas of CCG performance and QIPP.

Protected Learning Time (PLT):

PLT sessions have been provided in May – as an in house PLT practice learning session and in June as a centrally organized session covering Mental Health Capacity Act, Deprivation of Liberty and the role of primary care in respect to Looked After Children. This was provided as part of the statutory safeguarding training requirements for primary care. The PLT planning group has also met to identify priorities for forthcoming PLT sessions and the CCG now has a full programme of PLT sessions for the rest of the year.

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Report To:	Joint Commissioning Committee
Report Title:	Update on Individual GP Practice GMS Contractual Changes 2017/18
Report From:	Anna Nicholls – Interim Deputy Head of Commissioning (Primary Care)
Date:	13 th July 2017
Previously considered by:	N/A

Purpose of the report:

To provide the Joint Commissioning Committee with the new and completed contractual actions.

Key Points:**Mergers:**

There have been 0 applications for practice mergers.

List/Practice Closures:

There have been 0 applications for list or practice closures.

Partner additions and Removals:

Old Mill Surgery (M84051) – Application received to remove Dr Garala from the partnership. Completion of documentation ongoing. This removal will not take effect until January 2018.

Zero Tolerance:

As it stands, there are currently 9 patients in North Warwickshire that are in receipt of services through the Zero Tolerance Scheme.

NHS England is currently managing ZT in North Warwickshire, but it has been provisionally agreed that this will move to the CCG on 30th September 2017. Guidance from NHS England regarding the delivery of local ZT systems and contracts is due in early July.

Completed Actions:

Springhill Medical Centre (M84004) – Dr T Dickson has been removed from the practice partnership.

Recommendation:

The Joint Commissioning Committee are asked to:

- **NOTE** the contents of the report.

WNCCG Objectives (delete "✓" as appropriate):

To improve health, health outcomes and reduce inequalities

To make the best use of resources

To lead the way to safety and quality through commissioning

To build a health system fit for our population by 2020

Quality, risk and assurance issues

None identified

Equality and diversity issues

None identified

Legal and regulatory issues

None identified

Patient Engagement Issues

None identified

Report To:	Joint Commissioning Committee
Report Title:	Enhanced Service Sign Up 2017/18
Report From:	Anna Nicholls – Interim Deputy Head of Commissioning (Primary Care)
Date:	13 th July 2017
Previously considered by:	N/A

Purpose of the report:

To provide the Joint Commissioning Committee with an overview of the current position with regards to practice sign-up for all enhanced services in Warwickshire North.

Key Points:**Background**

Enhanced services are currently commissioned through each of the primary medical care contracting vehicles (GMS, PMS, APMS) and can be commissioned from a range of other service providers (e.g. community pharmacies).

They currently comprise:

Directed enhanced services (DESS) - schemes that PCTs are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.

In 2017/18 NHS England has offered 3 Directed Enhanced services (DES) to practices. These are the Learning Disability Health Check DES, the Minor Surgery DES, and the Extended Hours DES.

As of 1st April 2017, the Avoiding Unplanned Admissions DES was withdrawn and incorporated into the main contracts as core activity.

2017/18 DES Sign-up**Learning Disability Health Checks**

As of 1st July 2017 there were 16 practices that had been offered the service via CQRS. Of these, 1 practice has so far declined. In 2016/17 27 practices signed up to deliver the DES, and 1 declined.

Minor Surgery

As of 1st July 2017 there were 18 practices that had signed up to provide the DES, and 0 practices had declined. In 2016/17 24 practices signed up to deliver the DES, and 0 declined.

Extended Hours

As of 1st July 2017 there were 12 practices that had signed up to provide the DES, and 5 practices had declined. In 2016/17 22 practices signed up to deliver the DES, and 6 declined.

Recommendation:

The Joint Commissioning Committee are asked to:

- **NOTE** the contents of the report.

WNCCG Objectives (delete "✓" as appropriate):

To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning		To build a health system fit for our population by 2020	
Quality, risk and assurance issues	None identified		
Equality and diversity issues	None identified		
Legal and regulatory issues	None identified		
Patient Engagement Issues	None identified		

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Report To:	Joint Commissioning Committee
Report Title:	NHS England (West Midlands) 2017/18 Minor Surgery Cap
Report From:	Anna Nicholls – Interim Deputy Head of Commissioning (Primary Care)
Date:	13 th July 2017
Previously considered by:	N/A

Purpose of the report:

To provide the Joint Commissioning Committee with the details of the proposal's for the Minor Surgery Cap for 2017/18, and agree an appropriate option for delivery.

Key Points:**Background**

In 2016/17, 24 practices were signed up to offer Minor Surgery. Practice activity levels were capped at those attained in the previous year, and a demographic uplift of 0.9% was added. This meant that the total budget set was £336,596.33, and as of 1st July, £321,804.14 of this budget had been utilised (several practices still have outstanding claims).

Financial Proposals

Warwickshire North currently has 18 practices that have signed up to provide the Minor Surgery enhanced service (this figure could increase), and the following options are put forward for setting the activity cap for delivery in 2017/18:

1. Set at 2016/17 activity level – For those practices that exceeded their cap, the 2017/18 cap will increase to reflect this, and for those that failed to hit their cap it will reduce.
2. Set at 2016/17 activity, plus demographic growth uplift estimated to be 1.42%. As with Option 1, the cap for those practices that failed to hit their 2016/17 cap will reduce to reflect this. This totals an increase of circa. £5,000 in comparison to 2016/17 activity.
3. Set at 2016/17 activity, plus the GP Services allocation growth of 5.7%. As with Option 1, the cap for those practices that failed to hit their 2016/17 cap will reduce to reflect this. This totals an increase of circa. £18,000 in comparison to 2016/17 activity.
4. Remove the activity cap altogether and allow all signed-up practices to provide the service to patients on a demand basis.

The activity fees associated with the Minor Surgery cap for 2017/18 will remain the same as those used in 2016/17 and are set out below:

Fees for 2016/17 activity	
Injections to Muscles, Tendons, Joints	£43.54
Invasive Procedures including incisions and excisions	£87.07
Injections of Varicose Veins and Piles	£43.54

Options 1 - 3 are affordable within the current GP Services allocation for Warwickshire North CCG. Affordability for Option 4 is unknown.

Risks

If the financial cap is removed altogether (Option 4), there is a risk that NHS England (WM) will not be able to manage GP services within the set financial envelope. This increases the risk of being able to meet 2017/18 key financial metrics, which would then reduce the probability of any investment money being available to the CCG as joint commissioners in 2017/18. There would also likely be a recurrent risk to the CCG once they have become the fully delegated commissioners.

Recommendation:

The Joint Commissioning Committee are asked to:

- **REVIEW** the contents of this report and;
- **AGREE** a proposed option for 2017/18.

WNCCG Objectives (delete "✓" as appropriate):

To improve health, health outcomes and reduce inequalities		To make the best use of resources	
To lead the way to safety and quality through commissioning		To build a health system fit for our population by 2020	
Quality, risk and assurance issues	None identified		
Equality and diversity issues	None identified		
Legal and regulatory issues	None identified		
Patient Engagement Issues	None identified		

Report To:	Joint Commissioning Committee
Report Title:	Health Planning Update
Report From:	Jenni Northcote – Chief Strategy and Primary Care Officer
Date:	13 th July 2017
Previously considered by:	N/A

Purpose of the report:
To provide the Joint Commissioning Committee with an update on the primary care estates planning portfolio of work.
Key Points:
<ul style="list-style-type: none"> Local Estates Forum – Warwickshire North CCG and Coventry & Rugby CCG to have a joint LEF moving forward. The focus of each LEF will shift between Warwickshire and Coventry each month. The CCG and Public Health have responded to 7 planning applications from April until June. The status of these is yet to be decided. North Nuneaton (Weddington) – The CCG has secured funding to develop a business case for the potential new medical centre in north Nuneaton. The CCG have commissioned the Design Buro to refresh the estates work which was undertaken last year. The refresh will include the most up-to-date planning numbers.
Recommendation:
The Joint Commissioning Committee are asked to: <ul style="list-style-type: none"> NOTE the contents of the report.

WNCCG Objectives (delete “✓” as appropriate):	
To improve health, health outcomes and reduce inequalities	To make the best use of resources
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020
Quality, risk and assurance issues	None identified
Equality and diversity issues	None identified
Legal and regulatory issues	None identified
Patient Engagement Issues	None identified

Local Estates Forum

Warwickshire North CCGs Local Estates Forum (LEF) continues to meet on a monthly basis to discuss health planning matters across the CCG. The forums are well attended by provider trusts and local planners from both North Warwickshire Borough Council (NWBC) and Nuneaton and Bedworth Borough Council (NBBC). The group have been developing a framework for responding to planning applications and local plan consultations, with the CCG and Public Health leading on the coordination of this.

Coventry and Rugby CCGs LEF needs to be re-established and due to closer working arrangements and cross-boundary linkages moving forward there will be one LEF for both CCGs, still operating on a monthly basis but with a shift in focus each month to either Coventry or Warwickshire North (inc. Rugby). The new joint LEF will feed into the STP Estates Strategy Group, which continues to meet on a monthly basis to look at estates / planning solutions across the STP footprint.

Planning Application Log

The CCG have begun compiling a log of planning applications to keep a record of what requests have / have not been made. Table 1 highlights the requests made since April 2017. Seven responses have been made jointly with Public Health, and one has been made with input from WMAS as well.

The CCG continues to work with Public Health and Planning colleagues to refine the methodology for responding to planning applications, focusing on how we can effectively request funds which align to the future direction of travel for primary care and therefore do not solely focus on physical estate solutions. The status of the requests is yet to be decided by the planning authority.

North Nuneaton (Weddington)

The CCG has successfully secured funding via the ETTF to produce a business case for the North Nuneaton development. The CCG has continued to collect supporting evidence for the business case during this time and has been engaging with local practices. We have been involved in detailed discussions with the practice most likely to be impacted by the development, The Grange Medical Centre. As a result of these discussions the CCG now has a clear view on the need to procure a new GP for the proposed practice.

The land is expected to be transferred to NHS PS in 2018 and the CCG will continue to submit S016 requests to support the additional growth The Grange may have to accommodate prior to the new practice being operational.

Polesworth & Dordon Group Practice

Applications have started to come forward in rural North Warwickshire. An application for Robeys lane for 500 dwellings is the first of a possible total of approximately 3000 new dwellings in the area. Initial discussions have taken place between the CCG and the practice to understand the business plan for accommodating the growth. The practice has stated that an extension /improvements to the practice will be necessary to accommodate the additional patients.

Estates Strategy

The CCG has commissioned a refresh of the estates capacity planning work that was completed last year to reflect the new housing numbers across Warwickshire North. The update will also draw on more sources of information we now have around our health planning – including workforce in additional GP practices, ownership of estates and also looking to link with the providers for example is there scope for CWPT to utilise spare capacity within any primary care premises.

Table 1: Planning Application Log: April - June 2017

Date Received	Borough	Planning Reference	Planning Application	Deadline	Response submitted	Public Health	CCG Request	
						Comments	Amount	Request for?
27.04.2017	NWBC	PAP/2017/0156	120 mixed dwellings at Land South of Dairy	18.05.2017	YES	Pleased to see development aligns to B4L principles	£26,043	Improvement/extension to Dordon Clinic
26.04.2017	NBBC	SRU 193092	50 bed retirement apartments (Nuneaton tow	18.05.2017	YES	Recommend factors in older population needs	£41,741.55	1st year revenue funding gap for Riversley Rd
03.05.2017	NWBC	PAP/2017/0202	Outline app for up to 57 (Warton)	25.05.2017	YES	Under 100 dwellings so no comment	n/a	Numbers too small and could have implications for pooling issues for larger developments in Polesworth
22.05.2017	NWBC	PAP/2017/0157	Outline app for up to 50 (Blytheways, Colesl	12.06.2017	YES	Recommend align to B4L principles	£10,284	Funding for staff training for prescribing or disease management
17.05.2017	NBBC	34528 (AMD)	Erection of 52 dwellings (Weddington) AMD	12.06.2017	NO	Amendment to previous application	n/a	Amendment to previous application
01.06.2017	NBBC	34821	Outline app for 63 homes (Beaumont Rd)	14.06.2017				
01.06.2017	NWBC	PAP/2017/0257	Outline app for 500 homes (Robeys Lane)	07.07.2017	YES	Pleased to see development aligns to B4L principles	£108,512	Improvement/extension to Dordon Clinic
08.06.2017	NWBC	PAP/2017/0278	Outline app for 115 homes (Mancetter)	06.07.2017	YES	Pleased to see development aligns to B4L principles	TBC	TBC - for Atherstone?
21.06.2017	NBBC	34909	Change of use from care home to hotel	12.07.2017	NO	Under 100 dwellings so no comment		
21.06.2017	NBBC	34860	21 bedroom hotel	12.07.2017	NO	Under 100 dwellings so no comment		

Gemma Mckinnon:
Need to laise with Tim Willis (WCC Extra Care housing) on this app.