

**JOINT COMMISSIONING COMMITTEE (PUBLIC)
MEETING TO BE HELD ON THURSDAY 7 JULY 2016
13:30 TO 14:30, WNCCG MEETINGS ROOM, HERON HOUSE**

No.	Item	Presenter	Enclosure	Purpose
1.	<u>Present / Apologies</u>			
2.	<u>Declaration of Interests: Register</u>	Chair	Enclosure A	Declare
3.	<u>Minutes of Previous Meeting</u>			
3.1	Minutes of meeting held on 5 th May 2016	Chair	Enclosure B	Approve
4.	<u>Enhanced Services Update 2016/17</u>	Anna Nicholls	Enclosure C	Note
5.	<u>GP Services Month 2 Finance Report</u>	Emma Cox	Enclosure D	Note
6.	<u>CCG Primary Care Update</u>	Jenni Northcote	Enclosure E	Note
7.	<u>Any Other Business</u>			
Next Public Meeting: Thursday 1st September 2016, WNCCG Meeting Rooms, Heron House 13:30 – 14:30				

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, 1 CCG Executive and 1 GP representative.

ENC A - NHS ENGLAND AND WARWICKSHIRE NORTH CCG CO-COMMISSIONING JOINT MEETING - REGISTER OF INTERESTS SUMMARY

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
Voting Members NHS England					
David Williams	03/09/2015	Locality Director/Interim Chair	Revolving Doors Agency	Trustee	Withdrawal from any debate in which the Revolving Doors Agency is being considered.
Martina Ellery	03/09/2015	Deputy Head of Primary Care	None declared	None declared	No action required
Anna Nicholls	31/03/2016	Senior Contract Manager NHS England	None declared	None declared	No action required
Voting Members NHS Warwickshire North CCG					
Graham Nuttall	17/09/2015	Lay Member	Graham Nuttall Associates Limited	Healthcare Estates Consultancy	Further declaration to be made on any specific projects identified which impact on the CCG.
			Bulkington Village Centre	Trustee and Board Member	Withdrawal from any debate in which the Bulkington Village Centre is being considered.
Neil Hart	20/08/2015	Lay Member, Audit and Governance, Deputy Chair	Queen Elizabeth Hospital, Birmingham	Public Member	Withdrawal from any debate in which the Queen Elizabeth Hospital is being considered as a potential provider.
Chris Lonsdale	01/06/2016	Chief Finance Officer	None declared	None declared	No actions required.
Non-voting Members NHS Warwickshire North CCG					
Jenni Northcote	05/02/015	Director of Partnerships and Engagement	None declared	None declared	No actions required.

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
Dr Deryth Stevens	27/08/2015	Chair	Dordon and Polesworth Group Practice	Partner in Practice	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
			Dordon and Polesworth Surgery	Member of Primary Care Warwickshire Federation	Withdrawal from debate on commissioning a service that could be delivered by Primary Care Warwickshire.
			Linden Nursing Home Group	Business Partner in General Practice has financial interest in the Group.	Withdrawal from debate on commissioning services specifically from this nursing home group.
			Heart of England NHS Foundation Trust	Husband works for University of Birmingham on contract with the Trust.	Withdrawal from debate on commissioning a service from HoE NHS FT in a speciality where husband has a direct involvement
			Astra Zeneca, Eli Lilly, MSD	Husband receives honoraria for lectures from these companies.	Withdrawal from debate on commissioning a service specifically from these companies.
Dr Inayat Ullah	19/06/2016	Practice Network Lead Nuneaton and Bedworth	Woodlands Surgery	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
				#onething Campaign' Health Checks undertaken by Practice	Withdrawal from debate on payments for #onething campaign health checks.
Non-voting Observers					
Dave Weston	14/04/2015	GP, Warwickshire Local Medical Committee Representative	Atherstone Surgery	Partner in Practice	Terms of Reference (including Committee Membership, voting rights and invited observers) combined with Meetings held in Public mitigate the risk. Withdrawal at the discretion of the Chair.
			Atherstone Surgery	Member of the Primary Care Warwickshire Federation	
			Atherstone Research Group	Joint Partner/Director of the Group	
			Atherstone In-practice pharmacy	Joint and equal ownership with other Partners in practice	
			The Recovery Partnership	One Partner in Practice has special interest working for the Partnership	

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
In attendance:					
Charmaine Hawker	03/09/2015	NHS England Assistant Head of Finance (Primary Care)	None declared	None declared	No action required
Rebecca Bartholomew	21/01/2015	Chief Quality Officer	None declared	None declared	No actions required.
Andrea Green	03/09/2015	Chief Officer	North Staffordshire Combined Healthcare NHS Trust- aspirant Foundation Trust.	Public Member	Withdrawal from any debate in which the North Staffordshire Combined Healthcare Trust is being considered as a potential provider.
Dr Christopher Pycock	20/08/2015	Secondary Care Specialist Doctor	South Worcestershire Health and Care (Community) NHS Trust	Locum Consultant Physician	Withdrawal from any debate in which the South Worcestershire Health and Care (Community) NHS Trust is being considered as a potential provider.
Dr Godwin T. Igodo	07/04/2016	Clinical Lead	GP Led Healthcentre Camp Hill	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
			Ripples Healthcare	Director	Withdrawal from any debate in which Ripples Healthcare is being considered as a potential provider.

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**JOINT COMMISSIONING COMMITTEE (PUBLIC)
UNCONFIRMED MINUTES OF THE MEETING HELD ON
THURSDAY 5 MAY 2016, WNCCG MEETING ROOMS, HERON HOUSE
13:00 TO 13:30**

1.	<u>Present</u>	<u>Initials</u>
1/1	Voting Members: Neil Hart – Lay Member, WNCCG (Chair) Charmaine Hawker – Assistant Head of Finance (Primary Care), NHS England Anna Nicholls – Senior Contract Manager (Primary Care), NHS England Anthony Chapman – Deputy Chief Finance Officer, WNCCG David Williams – Locality Director, NHS England	NH CH AN AC DWi
1/2	Non-Voting Members: Deryth Stevens – Clinical Chair, WNCCG	DS
1/3	In Attendance: Dave Weston – LMC Representative, WNCCG Jenny Horrabin – Director of Integrated Governance, WNCCG Jenni Northcote – Director of Partnership and Engagement, WNCCG Goodwin Igodo – Clinical Lead, WNCCG Emma Cox – Senior Finance Manager (Primary Care), NHS England Jennifer Gilder – Healthwatch Warwickshire Samantha Checklin – PA/Administrator, WNCCG (Minutes)	DWe JH JN GI EC JG SC
	<u>Apologies</u>	
1/4	Graham Nuttall Inayat Ullah Adrian Stokes John Linnane Rebecca Bartholomew	GN IU AS JL RB
2.	<u>Declarations of Interests</u>	
2/1	None.	

3.	<u>Minutes of Previous Meeting</u>	<u>Action</u>
3.1	<u>Minutes of meeting held 3 March 2016</u>	
3/1/1	<p>The Committee agreed the minutes from 3rd March 2016 meeting, subject to the following amendments:</p> <ul style="list-style-type: none"> • Date at the top of the minutes is incorrect - needs to read "3 March 2016". • 1/1 – AC's job title to be corrected to read "Deputy Chief Finance Officer" • 5/3/5 – The committee agreed for the whole sentence to be removed from the minutes. 	
4.	<u>Action Tracker</u>	
4/1	None.	
5.	<u>Primary Care Transformation Funding Update</u>	
5/1	<p>JN reported that the briefing note on the WNCCG local process and progress on the Transformation Fund proposals had been considered at the Investment Panel that took place on the 28th April 2016. JN noted that the date for submission had been changed, the name had been changed and further guidance was expected.</p>	
5/2	<p>JN informed the Committee of the feedback received and that additional guidance and support to the Practices has been given. DWi suggested that this was a good opportunity for all Practices.</p>	
5/3	<p>NH felt that some parts were more robust than others and wanted all proposals above line. NH wanted all to be involved as he feels this is a one off opportunity for the Practices.</p>	
5/4	<p>JN reported that work needs to be done with all the Practices and proposals that have been submitted. JN noted that contact has been made with the Practices that have submitted proposals and WNCCG will continue to work with them going forward.</p>	
5/5	<p>NH raised concerns regarding practices with one or two GP's wanting to submit a proposal for 13 to 14 treatment rooms. DWi commented that all Practices will need to meet national criteria.</p>	
5/6	<p>The Committee noted the report.</p>	
6.	<u>Consultation on Conflicts of Interest</u>	
6/1	<p>JH advised the Committee that the Conflicts of Interest consultation period had ended and it is expected that the new revised statutory guidance would be issued before the end of June 2016.</p>	

7.	<u>Forward View for Primary Care</u>	<u>Action</u>
7/1	NHS England (NHSE) informed the Committee that the paper shows the NHSE Forward View for Primary Care with the JCC for consideration in the context of local plans for General Practice Sustainability. The report sets out the national response to increased demands in primary care setting out proposed way forward in respect to primary care.	
7/2	<p>The key points raised were:</p> <ul style="list-style-type: none"> • Investment – Increase recurrent funding by 2.4 billion by 20/21 – DWi reported that this figure will include capital. NH requested clarification if this figure would be per year or per month. • Workforce – Double the growth rate of GPs through new training initiatives, recruitment and retention, and returners. • Workload – Support practice resilience by reducing administrative burden, reduce demand, streamlined CQC process. • Infrastructure – 100% reimbursement of premises development, development of digital and IT infrastructure to support efficiencies and information sharing, • Redesign and Improvement – development of Federations, Clinical Hubs and reformed urgent care 	
7/3	The Committee noted the report.	
8.	<u>Healthwatch Enter and View – Update</u>	
8/1	JG gave an update on the Healthwatch interim view programme outlining the key themes arising from recent reviews. Interim view reports are published on the Healthwatch website and are intended to provide intelligence and insight into patients views on a range of themes, such as; estates, information, confidentiality space, staff attitude etc.	
8/2	Action plans are produced and shared with Practices to support continued improvement.	
8/3	JN noted that the CCG received these reports and fed any issues into relevant CCG meetings e.g. Estates Strategy and Clinical, Quality Safety and Governance. The presentation had also been given by Healthwatch on the overall programme of interim view visits to the PPG forum.	
9.	<u>Enhanced Services – Update</u>	
9/1	JN reported that all Practices had taken up enhanced services. NHSE have added four extra enhanced services that were sent out last week with a deadline of June 2016.	
9/2	The Committee felt that a short paper should be produced for the next meeting instead of a verbal update.	

10.	<u>GP Services Budget Report</u>	<u>Action</u>
10/1	EC informed the Committee of the 2016/17 planned expenditure for GP Services for WNCCG.	
10/2	EC talked through the report and updated the Committee with the key points: <ul style="list-style-type: none"> • The report details the 2016/17 allocation and planned financial outturn for Warwickshire North CCG GP Services. • The following principles have been applied when determining the planned spend for GP Services; • Forecast outturn modelling demonstrating embedded contingency (0.5%) and transformation fund (1% non-recurrent fund) • Modelling of 2016/17 GP Contract Settlement. 	
10/3	AN reported that the 1% non-recurrent fund needs to be left uncommitted at the current time. DWi asked for clarification as to when the 1% could be used, but this was not yet known.	
10/4	The Committee noted the report.	
11.	<u>Any Other Business</u>	
11/1	None.	
	DATE AND TIME OF NEXT OPEN MEETING: Thursday 7th July 2016, WNCCG Meeting Rooms, Heron House 13:30 – 14:30	

Report To:	Joint Commissioning Committee
Report Title:	Enhanced Services Update 2016/17
Report From:	Anna Nicholls – Senior Contract Manager (Primary Care), NHS England
Date:	7 th July 2016
Previously considered by:	N/A

Purpose of the report:
To update the Committee on the uptake of Enhanced Services for 2016/17.
Key Points:
<p>There are four Enhanced Services for 2016/17:</p> <ul style="list-style-type: none"> • Minor Surgery • Extended Hours • Avoiding Unplanned Admissions • Learning Disabilities
Recommendation:
The Joint Commissioning Committee are asked to note the contents of this 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		

Practice Code	Practice Name	Extended Hours	Extended hours	Learning Disabilities	Minor Surgery	Unplanned Admission
M84001	Red Roofs Surgery					
M84003	Arbury Medical Centre	N	N	Y	Y	Y
M84005	Dr Chuadhuri Surgery - Chapel End	Y	Y	Y	Y	Y
M84006	Pear Tree Surgery	Y	Y	N	Y	Y
M84007	Dordon Surgery	N	N	Y	Y	Y
M84008	Spring Hill Medical Centre	Y	Y	Y	Y	Y
M84011	Dr Singh and Partners	Y	Y	Y	Y	Y
M84019	Atherstone Surgery	N	N	Y	Y	N
M84022	Manor Court Surgery	Y	Y	Y	Y	Y
M84034	Whitestone Surgery	Y	Y	Y	Y	Y
M84037	Grange Medical Centre	Y	Y	Y	Y	Y
M84041	Riversley Road Surgery					
M84042	Hazelwood Group Practice	Y	Y	Y	Y	N
M84045	Dr Reily and Partners	Y	Y	Y	Y	Y
M84051	Old Mill Surgery	Y	Y	Y	Y	N
M84055	Stockingford Medical Centre	N	N	Y	Y	N
M84061	Bulkington Surgery	Y	Y	Y	Y	Y
M84609	Woodlands Surgery	Y	Y	Y	Y	Y
M84612	Station Street Surgery	N	N	Y	Y	Y
M84615	Chancery Lane Surgery	Y	Y	Y	Y	Y
M84618	Rugby Road Surgery	Y	Y	Y	Y	Y
M84621	Queens Road Surgery	Y	Y	Y	Y	Y
M84624	Dr Ganapathi Surgery - Chapel End	Y	Y	Y	Y	Y
M84627	Cole House Surgery					
Y04882	Chaucers Surgery	Y	N	Y	Y	Y
Y04883	Leicester Road Surgery	Y	N	Y	Y	Y
Y04884	Satis House	Y	N	Y	Y	Y
Y04969	Camp Hill Health Centre	Y	N	Y	Y	Y

Report To:	Joint Commissioning Committee
Report Title:	GP Services Month 2 Finance Report
Report From:	Emma Cox – Senior Finance Manager (Primary Care)
Date:	7 th July 2016
Previously considered by:	N/A

Purpose of the report:
To update the Committee on the 2016/17 Month 2 Forecast expenditure for GP Services for Warwickshire North CCG.
Key Points:
<ul style="list-style-type: none"> • The report details the month 2 forecast position for GP Services for Warwickshire North CCG • A full forecast review has been carried out in Month 2 including: <ul style="list-style-type: none"> ○ Calculation of contract payments based on April 2016 list sizes ○ Review of Premises payments ○ Review of locum reimbursements ○ Updates to QOF forecasts based on 2015/16 final outturn ○ Updates to DES forecasts based on 2015/16 outturn and April 2016 list sizes
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

**Warwickshire North CCG
2016/17 GP Services
Month 2 Finance Report**

Warwickshire North CCG GP Services Budget

Month 2 2016/17

Version number: 1

First published: 24.06.2016

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 2016/17 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.8m. The forecast outturn is £21.8m delivering a breakeven position.

The planning metrics for 2016/17 are as follows;

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

The CCG are not required to deliver a surplus of 1% on their GP Services Allocations, this remains with NHS England West Midlands.

A full forecast review has been carried out in Month 2 in relation to GP Forecasts including;

- Calculation of Global Sum payments based on April 2016 list sizes including the revised Global Sum payment of £80.59 per weighted patient
- Calculation of APMS contract payments with April 2016 list sizes and the outcome of the GP Contract Settlement where applicable
- Review of Premises Payments based on April actuals, and Non-Domestic Rates payments based on actual bills received
- Review of Locum reimbursements based on applications received to date
- QOF forecast based on 2015/16 actual achievement
- DES payments are included based on 2015/16 outturn for Minor Surgery and Learning Disabilities. Extended Access and Avoiding Unplanned Admissions have been recalculated based on April 2016 list sizes. Sign up to DES' is assumed to be in line with 2015/16. Practices have until 30th June to confirm participation within the DES and any changes will be reflected within the forecast position.

The month 2 forecast outturn is broken down as follows;

	Allocation £'000s	Month 2 FOT £'000s	Variance £'000s
Allocation	21,834		
General Practice - APMS		1,116	
General Practice - GMS		14,332	
General Practice - PMS		0	
QOF		2,464	
Enhanced Services		1,092	
Dispensing/Prescribing Fees		582	
Premises Cost Reimbursements		1,368	
Other Premises		62	
Other GP Services		490	
PMS Premium		0	
1% Non Recurrent Transformation Fund		218	
0.5% Contingency		109	
TOTAL	21,834	21,834	(0)

2 Access to 2016/17 Primary Care Reserves

The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2016/17 planning metrics.

In line with national guidance the 1% Non-Recurrent Transformation Fund must be uncommitted to support cost pressures within the wider health economy.

The 0.5% contingency is currently being held to support in year cost pressures within the CCG's GP Services position and will be reviewed quarterly.

3 Conclusion

NHS England West Midlands will be monitoring the financial position of the GP Services budget allocated the CCG 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

Charmaine Hawker
Assistant Head of Finance (Direct Commissioning)
NHS England West Midlands

Report To:	Joint Commissioning Committee
Report Title:	CCG Primary Care Update
Report From:	Jenni Northcote – Director of Partnership and Engagement
Date:	7 th July 2016
Previously considered by:	N/A

Purpose of the report:
To update the Committee on the key primary care developments across the CCG this period.
Key Points:
<ul style="list-style-type: none"> • Finance Update • Estates Transformation and Technology Fund • Primary Care Strategy • Enhanced Services • Patient Participation Group Forum • Interdisciplinary Hub Development
Recommendation:
The Joint Commissioning Committee are asked to note the contents of this 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		

Primary Care Update to Joint Commissioning Committee:

May and June 2016

Introduction:

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

Finance Update:

Enhanced Services: All 28 practices have now signed up to the local enhanced services. The contracts have been issued to practices.

Quarterly Reconciliation: June was the first month that the CCG has implemented Quarterly reconciliation as agreed with LMC and recommend by the local enhanced service review.

2015/16 Activity and Financial reconciliation: Activity figures have been circulated to practices for validation and financial reconciliation is in progress. Letters to practices will include validated activity and corresponding financial data, a proposal regarding over or under payments will be drafted and discussed with LMC before letters are sent to practices.

Estates Transformation and Technology Fund:

The CCG has submitted 8 bids for the next phase of the process. This includes 6 estates proposals and 2 IT initiatives. The proposals to go forward to the next phase of the process were subject to an evaluation process chaired by the Lay Member for Primary Care. The evaluation process included scoring the proposals against specific criteria which reflected the NHS England Estates Transformation and Technology Fund (ETTF) guidance and making a recommendation to the CCG Investment Panel on the outcome of the evaluation process. The Investment Panel met to receive the outcome of the evaluation process, and to be assured that due process had been followed. The Investment Panel endorsed the outcome of the evaluation process and subsequently made a recommendation to the Commissioning, Finance and Performance Committee in respect to which proposals were recommended for submission and the order of priority based on the outcome of the evaluation. The Commissioning, Finance and Performance Committee noted the Investment Panel's recommendation and authorised the submission of proposals to the portal. The portal submission was completed on the 30th June 2016 as required by the national deadline.

The Chief Finance Officer – as the CCG Estates Lead, and member of the Investment Panel and the Commissioning, Finance and Performance Committee, will now write to practices who submitted proposals to advise them of the outcome of this process.

Primary Care Strategy: The Primary Care Strategy and General Practice Sustainability Plan has now been drafted for consideration by the Governing Body at its meeting on 7th July 2016. This document brings together the outputs from the engagement undertaken with stakeholders, member practices, and patients and the public. The document also reflects the key strategic drivers outlined in the forward view for General Practice. The intention is that following approval by the Governing Body the draft work programme outlined in the document will be taken forward.

Estates Strategy: The CCG Estates Strategy has been refreshed following the validation exercise undertaken with Practices to ensure the information relating to estates and utilisation was accurate. The estates strategy now reflects information on the proposed planning developments and signals the implications for general practice estate utilisation. The Estates Strategy identifies some specific strategic priorities for the CCG and member practices to consider and respond to.

The CCG's will discuss the implications of the estates strategy and the estate utilisation profile with member practices and establish mechanisms for ongoing discussions with practices to agree next steps, and to generate solutions to the challenges we face. The CCG intends to re-establish a Local Estates Planning Forum to help facilitate and support the work we need to take forward on estates strategy; and we have joined forces with Public Health to bring additional expertise and capacity into the CCG through the deployment of a Public Health Planner to help progress some of this work.

Patient Participation Group Forum: The PPGF has requested a focused discussion around Primary Care at its next meeting on 4th July 2016. The CCG will share with the group the report on GP and Practice Nursing workforce that was recently submitted to the Health Overview and Scrutiny Committee (HOSC), and will also present the Primary Care Strategy and General Practice Sustainability Plan. At the last meeting of the PPGF the group received a report on HealthWatch Enter and View Visits.

Interdisciplinary Hub Development: The CCG has driven forward its work around developing inter-disciplinary working around GP practice cluster. The CCG hosted a meeting where the key partners committing to working as part of the interdisciplinary hubs came together to begin to plan next steps for joint working and collaboration. The event was very well attended and the Practice Manager Leads, and Governing Body GP leads attended alongside Public Health, Social Care, Borough council community development workers, CAVA, Age UK social Prescribing Navigators and Community Matrons.

The intention is now to hold HUB level multi-disciplinary meetings in each Hub to further build partnerships with partners that will support the care co-ordination of frail and vulnerable adults, as well as creating an opportunity for practices to work together share good practice and to develop local solutions to the issues faced in primary care.

Jenni Northcote
Director of Partnerships and Engagement
Warwickshire North CCG