Primary Care Joint Committees (PCJC)

29 June 2016

Meeting held at:

Large Hall (4th Floor), Bromley Central Library, High Street, Bromley, Kent BR1 1EX

Minutes

Meeting Chair	Dr Greg Ussher (GU)
Executive Support	Tom Bunting (TB)

Bexley Primary Care Joint Committee

Attendees:

Katie Perrior (KP)	Member	Committee Chair (Lay Patient Public Involvement)
Sarah Blow (SB)	Member	CCG Governing Body Nurse
Dr Nikita Kanani (NK)	Member	CCG Chief Officer
Dr Sid Deshmukh (SD)	Member	CCG Chair
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England (Medical Director for South London
Theresa Osborne (TO)	Observer	CCG Chief Financial Officer
Dr Richard P Money (RM)	Observer	LMC

Apologies:

Keith Wood	Committee Vice-Chair (Lay Governance)
Mary Currie	Governing Body Nurse
Lotta Hackett	Observer – Healthwatch
Councillor Teresa O'Neill OBE	Observer - Health and Wellbeing Board

Bromley Primary Care Joint Committee

Attendees:

Martin Lee (ML)	Member	Committee Chair (Lay Patient Public Involved)
Harvey Guntrip (HG)	Member	Committee V Chair (Lay Governance)
Dr Angela Bhan (AB)	Member	CCG Chief Officer
Dr Andrew Parson (AP)	Member	CCG Chair
Dr Miranda Selby (MS) (Representing Dr Ruchira Paranjape)	Member	Governing Body GP
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England (Medical Director for South London
Dr Mukesha Sahi (MS)	Observer	LMC
Linda Gabriel (LG)	Observer	Healthwatch

Apologies:

Sara Nelson	Governing Body Nurse

Dr Ruchira Paranjape	Governing Body GP
Councillor David Jeffreys	Health and Wellbeing Board

Greenwich Primary Care Joint Committee

Attendees:

Dr Greg Ussher (GU)	Member	Committee Chair (Lay Patient Public Involvement)
Dr Iyngaran Vanniasegaram (IV)	Member	CCG Governing Body - Secondary Care Clinician
Annabel Burn (AB)	Member	CCG Chief Officer
Dr Ellen Wright (EW)	Member	CCG Chair
Dr Nayan Patel (NP)	Member	CCG Governing Body GP
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England (Medical Director for South London
Dr Tuan Tuan (TT)	Observer	LMC
Funa Hussain (FH)	Observer	CCG Primary Care Manager

Apologies:

Jim Wintour	Committee V Chair (Lay Governance)
Maggie Buckell	Registered Nurse GB member
Ms Leceia Gordon-Mackenzie	Observer – Healthwatch
Councillor David Gardner	Observer - Health and Wellbeing Board

Lambeth Primary Care Joint Committee

Attendees:

Sue Gallagher (SG)	Member	Committee Chair (Lay Patient Public Involvement)
Graham Laylee (GL)	Member	Committee Vice-Chair (Lay Governance)
Andrew Eyres (AE)	Member	CCG Chief Officer
Andrew Parker (AP)	Member	CCG Director of Primary Care Development
Dr Adrian McLachlan (AM)	Member	CCG Chair
Dr Martin Godfrey (MG	Member	CCG Governing Body Clinical Member
Professor Ami David MBE (AD)	Member	Governing Body Nurse
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England (Medical Director for South London
Dr Penelope Jarrett (PJ) (representing Dr Jenny Law)	Observer	LMC

Apologies:

Dr Jenny Law	Local Medical Committee (Lambeth)
Jackie Ballard	Associate Member, CCG Governing Body
Councillor Jim Dixon	Health and Wellbeing Board (Lambeth)
Catherine Pearson	Healthwatch (Lambeth)

Lewisham Primary Care Joint Committee

Attendees:

Rosemarie Ramsey MBE (RR)	Member	Committee Chair (Lay Patient Public Involvement)
Ray Warburton OBE (RW)	Member	Committee Vice-Chair (Lay Governance)
Professor Ami David (AD)	Member	CCG Governing Body Nurse Member
Martin Wilkinson (MW)	Member	CCG Chief Officer
Dr Marc Rowland (MR)	Member	CCG Chair
Dr Jacky McLeod (JM)	Member	CCG Clinical Director
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England (Medical Director for South London
Peter Ramrayka (PR)	Observer	Health and Wellbeing Board

Apologies:

Diana Braithwaite	CCG Director of Commissioning and Primary Care

Southwark Primary Care Joint Committee

Attendees:

Joy Ellery (JE)	Member	Committee Chair (Lay PPI)
Professor Ami David (AD)	Member	CCG Governing Body Nurse Member
Andrew Bland (ABl)	Member	CCG Chief Officer
Dr Jonty Heaversedge (JH)	Member	CCG Chair
Liz Wise (LW)	Member	NHS England – London (Director of Primary Care)
Dr Jane Fryer (JF)	Member	NHS England (Medical Director for South London
Kathy McAdam-Freud	Member	LMC
Caroline Gilmartin (CG)	Observer	CCG Director of Integrated Commissioning

Apologies:

Malcolm Hines	CCG Chief Financial Officer
Dr Claire Lloyd	Local Medical Committee (Southwark)
Richard Gibbs	Committee Vice Chair (Lay Governance)
Dr Emily Gibbs	CCG Governing Body GP
Aarti Gandesha	Healthwatch (Southwark)
Councillor Maisie Anderson	Health and Wellbeing Board (Southwark)

Other attendees:

Jill Webb (JW)	NHS England – London (Head of Primary Care)
Richard Jeffery (RJ)	NHS England – London (Director of Financial Management)
Gary Beard (GB)	Assistant Head of Primary Care
Nick Langford (NL)	Senior Primary Care Commissioning Manager – LSL
Richard Beller (RB)	NHS England (London)

Item		Action
1.	**Introduction and apologies** GU welcomed members, observers and members of the public to the seventh meeting of the Primary Care Joint Committees of: • NHS Bexley CCG and NHS England • NHS Bromley CCG and NHS England • NHS Greenwich CCG and NHS England • NHS Lambeth CCG and NHS England • NHS Lewisham CCG and NHS England • NHS Southwark CCG and NHS England GU informed members, observers and members of the public that the meeting was to be held in two parts, and that part one was a meeting held in public, rather than a public meeting. GU advised that the meeting would be recorded to help to ensure accuracy of the minutes, which would be published in advance of the next meeting, at which point they would be formally approved by the Joint Committees. Apologies received in advance of the meeting	

	Mary Currie	Bexley Primary Care Joint Committee - Member	CCG Governing Body Nurse	
	Lotta Hackett	Bexley Primary Care Joint Committee - Observer	Healthwatch (Bexley)	
	Keith Wood	Bexley Primary Care Joint Committee - Member	Committee Vice-Chair (Lay Governance)	
	Councillor Teresa O'Neill OBE	Bexley Primary Care Joint Committee - Observer	Health and Wellbeing Board (Bexley)	
	Sara Nelson	Bromley Primary Care Joint Committee - Member	CCG Governing Body Nurse	
	Dr Ruchira Paranjape	Bromley Primary Care Joint Committee - Member	CCG Governing Body GP	
	Jim Wintour	Greenwich Primary Care Joint Committee - Member	Committee Vice-Chair (Lay Governance)	
	Maggie Buckell	Greenwich Primary Care Joint Committee - Member	CCG Governing Body Nurse	
	Leceia Gordon-Mackenzie	Greenwich Primary Care Joint Committee - Observer	Healthwatch (Greenwich)	
	Sue Gallagher	Lambeth Primary Care Joint Committee - Member	Committee Chair (Lay PPI)	
	Jackie Ballard	Lambeth Primary Care Joint Committee - Observer	Associate member, CCG GB	
	Dr Jenny Law	Lambeth Primary Care Joint Committee - Observer	Local Medical Committee (Lambeth)	
	Councillor Jim Dickson	Lambeth Primary Care Joint Committee - Observer	Health and Wellbeing Board (Lambeth)	
	Richard Gibbs	Southwark Primary Care Joint Committee - Member	Committee Vice-Chair (Lay Governance)	
	Dr Emily Gibbs	Southwark Primary Care Joint Committee - Member	CCG Governing Body GP	
	Malcolm Hines	Southwark Primary Care Joint Committee - Observer	CCG Chief Financial Officer	
	Aarti Gandesha	Southwark Primary Care Joint Committee - Observer	Healthwatch (Southwark)	
	Dr Claire Lloyd	Southwark Primary Care Joint Committee - Observer	Local Medical Committee (Southwark)	
	Councillor Maisie	Southwark Primary Care	Health and Wellbeing	

	Anderson Joint Committee - Observer Board (Southwark)	
2.	**Declaration of Interests** The following members and observers reported changes to their declarations. In cases where the attendee was representing a member or observer at the meeting, the declarations were noted as new entries to the declarations of interest register.	

Name	Joint Committee	Change
Dr Kathy McAdam-Freud	Southwark	Will be partner at Nexus (merged GP Practice in Southwark) from 1st August 2016

3. **Minutes of the last meeting**

The minutes were agreed to be a correct record of the meeting.

Action log

TB advised that of the six actions on the log, five had been closed since the previous meeting. An update on the remaining outstanding action (concerning the Quality and Performance Report, and the co-commissioner joint approach in response to its findings) was noted as being scheduled for the next meeting (18 August).

4. **Matters arising**

Overview from Director of Primary Care, NHS England (London Region)

LW gave a brief update on the General Practice Forward View (GPFV). Further to her update at the previous meeting, LW had circulated to Joint Committee members in advance of the meeting some briefing materials on this. Copies of this were available for the benefit of members of the public in attendance. LW reminded the Joint Committee of the four key elements that had emerged as national priorities for implementation as part of the GPFV in 2016-17, which were being taken forward within the London region:

- Practice Resilience: this is referred to in the Workload and Workforce chapters in the GPFV and specifically involves allocations to the regions of a £16m national fund. NHS England (London region) was in the process of working with Londonwide LMCs and practices, as well as SPG leads to identify the optimum ways to make best use of this funding locally, given the many challenges faced by Primary Care at this time
- Addressing the costs of medical indemnity: LW advised that this is a national piece of work to address the escalating costs in this area. LW said that she could gather further information on this upon request.
- Taking forward a number of the initiatives on workforce, including the training/recruitment of additional 5,000 doctors and 5,000 other clinical general practice staff over the next five years.
- LW also advised that NHS England (London region) was expecting some further announcements on the distribution of the agreed funding to enable improvements to patient access to general practice.

LW advised that a key aspect to the London approach was the establishment of a

	programme team to plan and deliver the GPFV recommendations for general practice workforce. Transforming Primary Care programme is looking closely at the non-workforce aspects of the provider support programme which was being developed. LW intends to bring further information on this programme to the Joint Committees at a future meeting. LW referred to the sizeable financial commitment to the funding of infrastructure commitments for estates and technology in general practice over the next three years (as part of the ETTF programme, which was due for an update later on the agenda). LW also referenced another key priority that was being taken forward between co-commissioners, via SPG leads – the development of the Sustainability and Transformation Plan for south east London. A significant section of this was around Primary Care. LW acknowledged the significant at amount of work that had gone into the development of this section of the STP, which had progressed well ahead of its date of submission (end of July). The Bromley Joint Committee (ML) asked LW for an update on the PMS review/contract. LW advised that there was a pause on the process that had been agreed as a result of discussions between Londonwide LMCs and NHS England. LW advised that this involved a complex set of issues and that the approach toward implementation of the PMS review was being managed via informal discussions between NHS England (London region) and the Londonwide LMCs, and that SPG leads were being kept abreast of this situation. The focus on the part of all parties concerned was to ensure that benefits to patients would be maximised (in terms of utilisation of the London premium for practices), whilst at the same time ensuring that the general practice system was not in any way destabilised. <u>NHS Lambeth CCG: Vale Surgery / Dr Guna Merger</u> JWe said that at the last Lambeth Primary Care Joint Committee meeting, the above merger had been approved, subject to two conditions. JWe reported on key developments against those conditions: (i) that a full patient engagement and consultation plan for the merger should be developed and approved, and (ii) that this and the merger proposal should be reviewed by the Lambeth Health Oversight and Scrutiny Committee (HOSC). JWe said that the plan had been developed and approved by the Joint Committee, and that the HOSC had approved both the patient engagement and consultation plan and the merger proposal. The LMC had commented on the importance of how the merged practice will ensure that vulnerable patients accommodated in the context of the merger, recognising that there was a distance between the two practices that had merged into a single site. In response to this the practice had produced a comprehensive plan to ensure continuity of care for patients, and/or to assist any patients who find that the distance to travel (as a result of the merger) was problematic by finding an alternative suitable GP to register with. Finally, JWe advised that the date of the merger was due to proceed on 1st September (it had previously been set for 1st July). JWe recommended that there should now be no conditions attached to the approval of the merger to proceed.	

	AE confirmed the support of the Lambeth Joint Committee for the recommendation in favour of the proposed merger.	
5.	**Public Open Space** No written questions from the public had been received in advance of the meeting. Eileen Smith (Greenwich Keep Our NHS Public) addressed the Joint Committees. Keep our NHS Public had taken part in a representation outside the Bromley Central Library in advance of the meeting. Eileen said that the protest had been made to appeal against the implications of the Five Year Forward View and the Sustainability and Transformation Plans for patient care, as seen by Keep Our NHS Public. Bob Skelly (South Southwark PPG) referred to numbers of Serious Incidents and Never Events that had been reported at KCH and GSTT in the latest available full year reporting period (156 SIs and 24 Never Events) and asked how these numbers compare nationally, and if they compare unfavourably, what commissioners were doing to mitigate this. JH (Southwark Joint Committee) advised that this data was not immediately available to hand, and that Southwark CCG would need to come back on how the reported figures compare nationally. JH advised that the numbers would need also to be set in the context of the level of complexity and acuity of the patients concerned and that are seen by these Trusts more generally, noting that the volume of incidents as a stark set of figures would not necessarily present the full picture. JH also said that the CCG positively encouraged local providers to meet their statutory responsibility in reporting on such incidents and that the CCG was content with the way the above providers report them – that the level of quality of the reporting was high and allowed a full root case analysis to take place (and be acted upon as a partnership of provider and commissioner) in every case. JH said that a full response would be provided to Bob Skelly on this question. Anne Garrett (Bromley resident, co-chair of Save Our Local Hospitals and Services (Bromley, Bexley and Greenwich) raised a question regarding the challenged performance of Kings College Hospital Foundation Trust in terms of its Emergency Department at Princess Royal University Hospital, and asked what was being done to improve this. ABh (Bromley Joint Committee) advised that Bromley CCG was working with all partners and providers locally in order to help Kings College Hospital (Princess Royal University Hospital) to meet the 4 hour ED target. This included the provision of General Practice hubs to increase access to general practice (and therefore to reduce the burden on the ED), to enhance the management of patients with long term conditions in community settings, working with hospital to make more beds available in the hospital setting by improving discharge processes and pathways, with the intention of improving the flow of patients through the hospital, which would have a number of benefits for patients, including an improvement to ED performance. ABh advised that in recent weeks, whilst the Hospital site had not reached the achievement of 95% for ED performance, there had been a significant improvement in ED performance at the Princess Royal University Hospital, attributable to these initiatives. Kabir Kapoor (Chair of the Southwark Deaf Forum) asked the Joint Committees how they would give greater access to sign language interpreters in Emergency Departments/A&E Departments in local hospitals. Mr Kapoor said that some boroughs in London had ensured an adequate level of provision for their residents in this regard, but that others had not. ABI (Southwark Joint Committee) asked if Mr Kapoor could provide some further information this following the meeting, so that this could be investigated.	 **JH** **KK/ABI**

	Mr Kapoor also asked the Joint Committees whether, in the light of the EU referendum result, that NHS services would be able to benefit from increased funding, and whether any of this might be allocated to services for deaf patients.	
For discussion		
6.	**Quality, Performance and Finance** GU advised the Joint Committees that this item would focus on matters of Finance only, given that Quality and Performance reports were available on a quarterly basis. Update on 2016-17 primary care budgets RJ introduced Enclosure D, a brief paper setting the budget position for 2016-17 and the outlook for future years. RJ explained that the monthly finance reports that are normally presented to the Joint Committees do not provide meaningful reporting positions until month 4, as the variances prior to the stage are quite negligible. The available reporting position at the time of this meeting was for month 2. RJ advised that the forecast medical services 'gap' was £3.6m across SE London in 2016/17. The situation was set to improve in future years as further growth becomes available and further developmental funding was anticipated in-year following the publication of the General Practice Forward View. RJ said that the budgets were more robust for 2016-17 than in 2015-16, when there was a higher QIPP target. The 16/17 QIPP from rate reimbursements would mean an overall reduction in expenditure in 2016-17. RW (Lewisham Joint Committee) asked for clarity on the formula for allocations in 2016-17 and onwards. RW referred to the 5.3% under-target capitation position for London in 2015-16. RJ explained that this was the base year, on which the allocations were set. RJ explained that the Carr-Hill was a distribution formula and did not allocate funding on an assessment of the needs of a population. PJ (Lambeth Joint Committee) asked two questions concerned with the forecast gap for the SE London area in 2016-17: (i) PJ asked how confident NHS England (London region) was that SE London CCGs would have sufficient contingency in place. RJ explained that in 2015-16, the contingency budget was required to off-set the QIPP shortfall. The London Region was confident that this would not happen again in 2016-17 (due to the lower QIPP target), and the contingency was therefore likely to be available. (ii) PJ asked how confident NHS England (London region) was of the allocations in 2016-17, given the present uncertain economic situation. RJ replied by saying that even before the Brexit outcome of the EU referendum, there had been some talk in central government of "resetting funding" in 2016-17 (although the detail of what this might entail had not been set) . However there was no reason that he was aware of to question the allocations for the next three years.	
7.	Estates and Technology Transformation Fund (ETTF) TO gave a brief introduction to this item, presenting the cover paper to Enclosure E,	

which summarised the process through which SE London CCGs had agreed their ETTF bids for submission. The deadline for bids to be submitted onto the NHS England portal was the 30th June.

At the previous meeting, each Joint Committee had delegated to its appropriate subcommittee, the review and endorsement of ranked bids to be submitted to the ETTF, subject to decisions being made by voting members of the relevant Joint Committee, in accordance with their terms of reference. The bids would be for both estates and digital. It was also agreed that a report on the process and outcome of subcommittee considerations would be brought back to the 29 June meeting of the SE London Primary Care Joint Committees.

TO reported that in each borough, prior to prioritisation and submission, the bids had been through local governance, including engagement with practices, GP Federations and Local LMCs. Each bid was required to meet at least one of four national criteria: (i) improved seven day access, (ii) increased capacity for Out of Hospital services, (iii) a wider range of services to reduce unplanned admissions, (iv) Increased training capacity.

The main body of Enclosure E set out for each CCG the specific governance processes, local engagement arrangements, the local criteria applied to rank the bids, order of prioritisation of bids as agreed by the subcommittee, confirmation that each bid met at least one of the national criteria (and was therefore eligible for funding). This information had been minuted at the relevant subcommittee meetings, using a proforma template that was used by all six CCGs, to ensure consistency of approach.

TO explained that the bids would now be taken forward through an extensive assessment process at London level by NHS England London region, in collaboration with SPG estates and technology leads. The current process indicated that the outcome of the prioritisation process for specific bids will not be known until the end of October 2016, although CCGs would know whether their prioritised schemes had been recommended by London region to join the ETTF 3 year pipeline of projects by the end of July; and whether they had been endorsed on a national basis by the end of August.

There will be limited spend on some successful schemes in 2016-17, as they will not be approved until after the end of October. However, unlike year 1 of ETTF (previously known as the Primary Care Infrastructure Fund), schemes would not need to be completed in one year.

JWe advised that the governance arrangements that had been deployed across SE London CCGs for the process of agreeing and determining which bids to submit, and the recording and management of associated issues, had been robust. In her capacity as London Estates and Premises lead for NHS England (London region), JWe was in a position to commend SE London on this.

JWe explained that the bidding would not be closing until the 5pm on 30th June. JWe gave some context on the numbers of bids showing on the NHS England portal, as of 29 June, noting that this was at a fixed point in time. As of the morning of 29 June there had been 1,763 bids submitted nationally. The national allocation for the ETTF was expected to be £900m over the next three years (this was yet to be confirmed). JWe said that in London, there had been 290 bids received as of 29th June. In SE London, JWe said that 55 bids had been submitted so far (19 of which were for technology schemes).

	GU asked each Joint Committee chair (or other nominated colleague) in turn to confirm that their Joint Committee had followed the process as set out in their set of minutes (as shown in Enclosure E), and that their Joint Committee/CCG would submit the ETTF bids according to the prioritisation as included therein. Each Joint Committee chair confirmed that their Joint Committee had followed the process as set out in their set of minutes (as shown in Enclosure E), and that their Joint Committee/CCG would submit the ETTF bids according to the prioritisation as included therein. GU invited any comments or questions from the Joint Committees. SP (Lewisham Joint Committee) welcomed the approach toward the bids as reported in the paper and by the Joint Committees at this meeting, including the involvement of LMCs in this process in each borough. SP made an observation, saying that the necessity for transformation required a strong backbone, and that general practice was that backbone. SP referred to the importance of the larger ETTF bids in terms of their ability and intention to help to drive transformational change. SP also described the importance of smaller bids, for individual practice development. Accepting that these bids are not appropriate to the ETTF, SP emphasised their relevance to the Improvement Grant and the need for them to be acknowledged in this regard. SP stated support of the movement toward transformation of general practice and the importance of the ETTF in this, and at the same time the need to ensure that general practice is able to maintain its foothold. JWe recognised the importance of both transformation and the sustainability of practices, noting that both were of paramount importance in the development and selection of bids for submission in the ETTF and the Improvement Grant. It was noted that NHS England (London) would be making another bid for capital Improvement Grant funding for 2017/18, to support the sustainability of infrastructure in general practice. RW (Lewisham Joint Committee) noted that the vast majority of the agreed bids were transformational, and said that co-commissioners had a responsibility also to assess the impacts of the bids on health inequalities and to act on this. JWe advised that for the bids that are eventually recommended (by NHS England's national team), a full business case will be required for ultimate approval, and that within the business case will be a requirements for bids to set out their service benefits, which should address health inequalities in their locality. Further detail on the requirements for the business cases will be issued to CCGs once NHS England (national team) had determined which bids to endorse, late in August.	
8.	Items for decisions per Joint Committee: <u>All SE London CCGs: London Requires Improvement Standard Operating Procedure (SOP)</u> JWe introduced Enclosure F. This was the second presentation of this proposed SOP at a Primary Care Joint Committees meeting. The previous version of it had been approved in principle at the meeting on 28 April, on the condition that London-wide LMC comments would be factored into the final version for approval and that any further comments from London-wide CCGs and individual LMCs would also be reflected. There had been no material changes made following the CCG inputs across London, therefore it was not necessary to request final comments from London LMCs in response.	

	In order for the SOP to be incorporated into the London Co-Co commissioning operating model, the six SE London CCGs would need to confirm their approval of it. NHS England (London) had approved the present final draft version. JWe advised that the version distributed had benefited from the above input. In the case of the London LMCs, most of the comments received had been incorporated in this final draft version. As a reminder, the purpose of the SOP is to support primary care commissioners to place due consideration on the issues that have led to GP practices receiving overall 'Requires Improvement' ratings following CQC inspections, and ensure that appropriate actions are taken to remedy contractual quality and safety concerns. Its purpose is also to provide level 1, 2 and 3 Primary Care Commissioners across London with consistent guidance on issues to take into account when considering CQC reports with an overall status of 'Requires improvement' that may require the issue of a contractual breach and remedial notice and/or alternative support. Joint Committees were also reminded that the current outcome of CQC inspections of general practices across England shows London region to be a significant outlier compared to other regions relating to practices who are given an overall 'Requires improvement' status (18.4% as a proportion of inspected practices in England – as at 6th June 2016, compared to the 10.2% average for England). These figures were now based on a considerably higher proportion of GP practices that had completed/published inspections in London than had been reported at previous meetings, where this SOP had been reviewed. The number of practices that had had completed/published inspections in London stood at 521 (out of 1377), or 37.8%. Therefore, the statistical relevance of this SOP had been increased markedly in the course of 2016. KM-F (LMC observer member on the Southwark Joint Committee) stated the position on behalf of the London-wide LMC perspective. KM-F advised that the London-wide LMC had been consulted on the development of this SOP, and that the comments had largely been incorporated into the version as distributed ahead of the meeting. However, KM-F advised that the London-wide LMC does not agree that a breach of contract should be applied following a practice being given an overall 'Requires improvement' status following a CQC inspection. Instead, that determination on this should be considered on a case-by-case basis, and that consideration should be given to an alternative approach of working on a less formal basis with each practice concerned, to develop and monitor progress against an action plan in response to the inspection findings, and a written warning, rather than initiating contractual action as a rule. JWe responded, and assured the London-wide LMC that the SOP would not negate their proposed approach on this issue. The SOP looks at the range of considerations that would need to be taken into account in this situation. JWe noted that the CQC, as a statutory body, had its own requirements around responsibilities which it needs to discharge. NHS England's requirements around its responsibilities were manifested via the GP contract itself. In this regard, JWe said that contractual action was not an automatic response by NHS England following a practice being given an overall 'Requires improvement' status following a CQC inspection and agreed with the principle of the point raised. GU asked each Joint Committee Chair to respond with any comments or pints of contention to the SOP, and to confirm on behalf of their Joint Committee whether it is content to approve the recommendation within the paper, to confirm whether they	

wish to adopt the attached final draft ‘A consistent approach to responding to Care Quality Commission ‘Requires Improvement’ notifications.’

Each Joint Committee chair confirmed that their Joint Committee confirmed their agreement to adopt the final draft of the SOP, as above.

Borough-based Local Incentive Schemes:

GU introduced this item, saying that for each of the six Local Incentive Schemes (LIS’s), it has been agreed with the CCGs and NHS England (London region) that a designated CCG lead would present a brief outline of the LIS and then to confirm that their Joint Committee had considered the recommendation and approved it. For each LIS, JWe would respond and convey any points of contention (if there are any), and LW would then be asked to approve the LIS on behalf of NHS England (London region).

NHS Bexley CCG: Bexley Primary Care Improvement Fund Local Incentive Scheme

TO introduced the paper (Enclosure G) that requested that the Joint Committee approve the above LIS on the understanding that all practices will be encouraged to participate, with outcomes suitably monitored.

The Primary Care Improvement Fund (PCIF) is the replacement for the previous Kitemark scheme (from 2015/16). The Kitemark scheme was developed five years ago and replaced the previous PBC Local Incentive Scheme. The principles of the improvement scheme are to incentivise practices to complete work that is above and beyond their core contracted service, which ultimately provides better quality care for patients.

TO advised that the four elements chosen for the 2016/17 scheme were: Medicines Management, Dementia Identification, End of Life Care, and Childhood Obesity.

TO advised that this is a “rollover” scheme from 2015/16, and was approved by the CCG before the inception of the PCJC and current operating framework. The financial value of the PCIF is £764k for 2016/17, and a Bexley average list size practice would attract a maximum payment of £28,297. TO further advised that the scheme is open to all practices in the CCG area, and there is no financial risk to practices if set targets are not achieved. To confirmed that the LMC has been consulted on the LIS.

JWe confirmed that the LIS had been reviewed and fully validated in line with the NHS England (London) Operating Model for primary care co-commissioning. This had been assessed against a standardised template setting out the validation arrangements. The scheme had been originally approved by the Bexley CCG Governing Body before the Joint Committee was in place, therefore it was noted that this was a “rollover” scheme. JWe echoed the principle pointed out by TO, that all practices should be encouraged to participate in the scheme.

JF asked if the Joint Committee was confident that the LIS would address the issue of not meeting national targets on antibiotics usage. RM replied, advising that the data for this year was not available yet, but the data for 2015-16 had shown a notable decrease in the prescription rates of the antibiotics concerned.

	LW gave approval for the recommended approach on behalf of NHS England (London region). <u>NHS Bexley CCG: Bexley Delegated Prescribing Scheme Local Incentive Scheme</u> TO introduced the paper (Enclosure H) that requested that the Joint Committee approve the above LIS on the understanding that all practices will be encouraged to participate, with outcomes suitably monitored and reviewed. The scheme will allow each locality to hold its prescribing budget - whilst the quality of prescribing will be monitored by Bexley CCG's Medicines Management team. It is felt that this scheme will improve cost effective prescribing in each of the three localities. TO advised that it was likely that North Bexley and Frognal will participate in the scheme for 2016-17. It is still hoped that Clocktower locality would also participate. The prescribing budget set for 2016-17 had been approved by both the Medicines Management Committee and the Finance Sub-Committee. If at year end the locality as a whole is underspent the savings achieved would be allocated as follows: • 1/3 for locality to divide amongst practices to develop services in practices (using the historical Prescribing incentive scheme rules) • 1/3 to CCG for practice staff support including the Medicines Management Team Pharmacists and Primary Care Development Team • 1/3 for CCG to spend on patient care with locality advice (via Clocktower locality meetings). If the locality is overspent at year end, no monies will be repaid to the CCG from the locality and there will be no monies for localities to divide and spend to develop services in practices. This scheme would be carried forward from 2015/16 where it was approved by the CCG's Finance Sub Committee in February 2015. All three localities participated in the scheme for 2015-16. All practices within each locality must sign up to the agreement for it to take place. Savings will not be used to provide income to the practices, savings will be used to develop services including capital expenditure There is no financial risk to practices, there is a risk that savings will not be achieved locality wide due to some practices not achieving individual prescribing savings, therefore practices will be encouraged to work together to share best practice. Finally, TO advised that the LMC was consulted in 2015, and that this was a continuation of the 2015-16 scheme. JWe confirmed that the LIS had been reviewed and fully validated in line with the NHS England (London) Operating Model for primary care co-commissioning. This had been assessed against a standardised template setting out the validation arrangements. The scheme had been originally approved by the Bexley CCG Governing Body before the Joint Committee was in place, therefore it was noted that this was a "rollover" scheme. JWe echoed the principle pointed out by TO, that all practices should be encouraged to participate in the scheme.	

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG: Greenwich Tuberculosis (TB) Testing Local Incentive Scheme

ABu introduced the paper (Enclosure I) that requested that the Joint Committee approve the above LIS on the understanding that all practices will be encouraged to participate, with outcomes suitably monitored and reviewed.

The aim of this LIS is to support the national LTBI testing and treatment programme which sets to identify eligible migrant populations through GP registration. This service aims to reduce the rate of TB in Greenwich by improving the early detection and diagnosis of TB amongst local residents. The project is co-ordinated across primary, secondary and community providers. The TB team at Oxleas is supported by consultants at Lewisham and Greenwich Trust in managing patients with latent TB.

ABu advised that this addressed a very important issue toward improving patient care in Greenwich. A recent pilot carried out by the CCG involving 11 of its GP Practices had found that 27% of registered patients test positive for TB, which is higher than the national average of 13.5%.

ABu referred to the detailed development work of the pilot (as shown in the Enclosure I) and the consultation on it with the LMC who had provided support for it.

JWe confirmed that the LIS had been reviewed and fully validated in line with the NHS England (London) Operating Model for primary care co-commissioning. This had been assessed against a standardised template setting out the validation arrangements. JWe also reiterated that all practices should be encouraged to participate in the scheme.

LW gave approval for the recommended approach on behalf of NHS England (London region).

NHS Greenwich CCG: Greenwich Cancer Local Incentive Scheme

ABu introduced the paper (Enclosure J) that requested that the Joint Committee approve the above LIS on the understanding that all practices will be encouraged to participate, with outcomes suitably monitored and reviewed.

The Greenwich Cancer Action Plan had been developed in collaboration with the Strategy and Performance Directorate, and the Greenwich CCG Cancer and End of Life Working Group. The Greenwich Cancer Action Plan is intended to improve cancer outcomes in the area and should in time achieve substantial financial savings by working at a GP locality network level to achieve the following four objectives:

(i) increase early detection of cancers through improved GP knowledge/education,
(ii) encourage best practice and robust tracking and safety-netting
(iii) scheme to increase uptake of bowel screening
(iv) improved rates of cancer patients satisfaction with support from primary care

JWe confirmed that the LIS had been reviewed and fully validated in line with the NHS England (London) Operating Model for primary care co-commissioning. This had been assessed against a standardised template setting out the validation arrangements. JWe also reiterated that all practices should be encouraged to participate in the scheme.
LW gave approval for the recommended approach on behalf of NHS England (London region).

<u>NHS Lewisham CCG: Supporting Medicines Optimisation through the implementation of the Prescribing Incentive Quality Scheme 2016/17 (PIQS)</u>

MW introduced the paper (Enclosure K) that requested that the Joint Committee note and review the NHS England Assessment Template and NHS Lewisham CCG's prescribing Incentive Quality Scheme Specification, and to approve the above LIS on the understanding that all practices will be encouraged to participate, with outcomes suitably monitored and reviewed.

The aim of this LIS is to encourage cost effective, quality prescribing and to ensure that payments made to practices are to be utilised to improve services to patients.

The scheme consists of the following three prescribing work areas:

1. Clinical Review –
    a. to help reduce falls risk and subsequent hospital admission, or
    b. medication reviews to reduce hospital admission risk
2. Financial Indicator -
    a. to identify patients' currently prescribed drugs that are restricted to specialist prescribing and make arrangements to transfer clinical care to the appropriate specialist unit, and
    b. review one high cost prescribing area with potential to improve cost effectiveness in the practice
3. Antibiotic Stewardship –
    a. attendance to a microbiologist led antibiotic learning event
    b. meet the CCG antibiotic quality premium targets

MW advised that elements within the scheme had continued from the 2015/16 scheme, and that the 2016/17 LIS was agreed by the Lewisham CCG Prescribing and Medicines Management Group meeting, with LMC representation.

JWe confirmed that the LIS had been reviewed and fully validated in line with the NHS England (London) Operating Model for primary care co-commissioning. This had been assessed against a standardised template setting out the validation arrangements. JWe also reiterated that all practices should be encouraged to participate in the scheme.

LW gave approval for the recommended approach on behalf of NHS England (London region).

<u>NHS Southwark CCG: Medicines Management Local Improvement Scheme</u>

CG introduced the paper (Enclosure L) that requested that the Joint Committee note and review the NHS England Assessment Template and NHS Southwark's CCG's Medicines Management LIS, and for NHS England (London region) to

	confirm that this LIS satisfies NHS England's assurance, and for the Joint Committee to confirm agreement with this LIS in line with the Operating Model. The aim of the Local Improvement Scheme (LIS) is to encourage cost effective, quality prescribing by financially rewarding practices that achieve specific quality and efficiency savings targets. The scheme aims to introduce and support a population based approach in line with NHS Southwark CCG's Primary and Community Care Strategy and other population based contracts delivered in Southwark to improve population outcomes and reduce variation. This scheme includes 2 based indicators that have targets set at both population level and practice level. Practices are encouraged to work collectively within their federations for delivery of the population element of these indicators. This could be achieved through sharing good practice, sharing data, having population level champions for antibiotics or diabetes and through peer review groups. The 2016/17 LIS was agreed by Southwark CCG's Medicines Optimisation Committee with LMC representation JWe confirmed that the LIS had been reviewed and fully validated in line with the NHS England (London) Operating Model for primary care co-commissioning. This had been assessed against a standardised template setting out the validation arrangements. JWe also reiterated that all practices should be encouraged to participate in the scheme. LW gave approval for the recommended approach on behalf of NHS England (London region). <u>Other items for decisions per Joint Committee</u> <u>NHS Greenwich CCG: Trinity Medical Centre Premises Relocation</u> JWe advised that the Business Case (circulated as part of Enclosure M) and NHS England's associated analysis provides compelling information and evidence that recommends the relocation of the Trinity Medical Practice, currently based in Burrage Road, Plumstead to Garland Road Clinic, Plumstead (0.7 miles away) as soon as possible. If approved, this would result in a minimum cost pressure of £80,688 per annum on the Greenwich GP NHS England budget, and the recommendations address how this should be managed. JWe introduced the paper (Enclosure M) that requested that the Joint Committee agree to the recommendation that the Trinity Medical Centre relocate to the new premises at the Garland Road Clinic as soon as possible. The Joint Committee was also asked to endorse the following: (i) That Community Health Partnerships confirms that the changes that they have agreed to make to the building will not result in additional revenue consequences for commissioners. (ii) That the practice produces a patient communications plan, which will be	

	agreed and supported by co-commissioners. (iii) That the cost of notifying patients and any IT configuration changes are borne by NHS England and the CCG respectively. (iv) That the specified anticipated fye recurring revenue cost pressure of £80,688, currently unfunded by NHS Greenwich, is funded from PMS Key Performance Indicator clawback monies in 2016/17. This amounted to a value of around £185k in 2015/16. This means that in theory, the additional part year cost of Garland Road could be managed within the existing Greenwich budget for 2016/17. (v) This additional recurrent cost would need to be a first charge on Greenwich medical services growth funding in 2017/18, and any shortfall in funding, regardless of whether the CCG remains as a level 2 co-commissioner or is approved as a level 3 commissioner, would need to be funded from the CCG's wider budget. (vi) The practice is able to be considered for service charge support, utilising the recently approved NHS England (London) policy: 'Transitional Financial assistance towards running costs & service charges'. The practice has agreed to submit its NHS income & expenditure figures, in order for its eligibility for financial support. It also understands that once the practice has submitted its figures that they may not be eligible and in this scenario, the practice accepts it will be responsible for the required service charge costs, utilities and soft facilities management. Garland Road is the fit for purpose new premises, located 0.7 miles from the existing premises at Burrage Road. The existing premises have been an ongoing concern for co-commissioners for a number of years, during which time a small number of premises options have been explored and not been able to be progressed. The practice will be inspected by the CQC in July, and it is also likely to confirm the practice should not be operating from their current premises. There are a number of alternative practices within 1 mile for patients to choose to register with, if the proposed relocation is agreed, and patients would prefer to find a practice closer to where they live. Patient consultation about the proposed move has been positive. It was noted that the Oversight Health and Scrutiny Committee (HOSC) would need to comment on the business case. ABu confirmed that the CCG would take this forward. The most significant issue associated with this proposed relocation is that the additional minimum recurrent cost of the relocation will be £80,688 per annum (not including any service charge support that the Contractor may be eligible to receive). This can only be funded non-recurrently from the NHS England Greenwich medical services budget in 2016/17, as the final projected position against the 2016/17 allocation figure is an over-spend of £400k, once allowance for business rules has been made. On behalf of the Greenwich Joint Committee, ABu advised that there was certain support for the approval of the relocation, as the current premises were unfit for	**ABu**

	purpose. Therefore the relocation gave an important opportunity to improve services to local residents. The CCG had been involved significantly in this and the move was in line with the CCG's strategy. However, ABu advised that the CCG had not agreed in full to the financial position (as referred to in points (iv) and (v), above). The CCG was in agreement with the conditions as set out in point (iv), and to the first section of point (v), above. The CCG had not agreed to the latter clause in point (v), that "any shortfall in funding, regardless of whether the CCG remains as a level 2 co-commissioner or is approved as a level 3 commissioner, would need to be funded from the CCG's wider budget". ABu said that, as the CCG was currently in a position of financial turnaround that this meant that it could not absorb any additional cost pressures (as above) from its wider budget in 2017-18. It was agreed between ABu, LW and JWe that the CCG's position would be reviewed outside of the meeting and that NHS Greenwich CCG and NHS England (London region) would work together on this with the SE London Strategic Planning Group to find an alternative solution, which should not delay the relocation of the practice. Greenwich Joint Committee gave its approval for the recommended approach, subject to reaching agreement on the additional recurring premises revenue costs from 2017-18, and receipt of any comments from the Greenwich HOSC. LW gave approval for the recommended approach on behalf of NHS England (London region), subject to reaching agreement on the financial position for 2017-18, and the approval by the Greenwich HOSC. NHS Greenwich CCG: Conway Medical Centre – CQC Rating Inadequate – issue of contractual breach and remedial notice JWe introduced the paper (Enclosure N) that requested that the Joint Committee approve the issue of a breach and remedial notice to the above practice for failure to adhere to and provide: • requirement to abide by all legislation • requirement to have an effective system of Clinical Governance • requirement to ensure that the persons providing care or treatment had the necessary qualifications, competence, skills and experience • requirement to provide Essential Services to meet the reasonable needs of patients Following an inspection by the CQC on 2nd February 2016 and the subsequent publication of the visit report on 27 May, Conway Medical Practice received an overall rating of 'Inadequate' for the quality of care provided by the practice. NHS England therefore feels that it is both proportionate and reasonable to issue a contract remedial notice at this time. A link to the Practice report at the CQC website was included in the paper and is available at the address below: **http://www.cqc.org.uk/location/1-542542764**	

	JWe noted that NHS England and Greenwich CCG will arrange a joint visit to the practice as soon as possible to ensure that they are in a position to provide the CQC with a robust improvement plan. The practice has the optional choice of involving the Royal College of GPs, who offer support in relation to policy development and the development of practice systems and processes in conjunction with the LMC, Greenwich CCG and NHS England.
	
	Greenwich Joint Committee gave its approval for the recommended approach, stating a commitment to help to support the practice to improve.
	
	LW gave approval for the recommended approach on behalf of NHS England (London region).
	
	<u>NHS Lambeth CCG: Streatham Place Opening Hours Proposal</u>
	
	JWe introduced the paper (Enclosure O) that requested that the Joint Committee support the business case proposal (for a seven day service), pending confirmation of a reasonable lead in period and the associated patient communications.
	
	Currently, Streatham Place patients can be seen for routine appointments Monday – Saturday. If an appointment is required on a Sunday, then the patients is booked at the Access Hub at Gracefield Gardens or advised to visit the WIC.
	
	AT Medics is proposing to move Saturday appointments from Streatham Place to Edith Cavell, 600m from Streatham Place (as covered in Appendix 2 of Enclosure O). 0800 – 1830 core hours will remain at Streatham Place during Monday – Friday.
	
	Under this proposal:
	
	• Patients would be able to book appointments in advance and on the day at Edith Cavell Surgery on Saturdays and Sundays 0900 - 1300.
	• Patients would be able to access services during the 52.5 core during Monday to Friday at Streatham Place.
	• Patients would be able to access the current number of appointments that are provided at Streatham Place from Edith Cavell on a Saturday morning
	• Patients would be able to access additional appointments from Edith Cavell on a Sunday morning
	• The service would be delivered by a GP and Nurse, supported by three receptionists, which may be flexed, to meet local demand and our access targets.
	• The service would provide;
	    o Bookable appointments up to 4 weeks ahead.
	    o On the day appointments will also be available for urgent needs.
	    o A reception and phone service will be available throughout the opening period
	
	Co-Commissioners are agreed that this proposal would provide additional access and choice for registered patients, and were recommending that the business case be approved and that there is a variation to the current APMS contract at Edith Cavell to allow for this.
	
	The practice has met with their PPG to discuss the proposal. The general consensus was that this was a very good proposal which would be supported by the group, and	

	the group felt reassured that the service would only be enhanced by this proposal. A survey was issued and ran for 22 days, both in house and via SMS sent to all patients. There were just over 300 respondents. Responses confirmed that 85% of patients were in favour of the proposal to offer Sunday appointments from Edith Cavell, 10% against and 5% did not know. For the combined 15% of patients who either did not support, or did not know whether they were in support of the proposal, AT Medics will look to develop an enhanced telephone access offering on Saturday mornings so that patients who don't want to physically attend another site can be advised and often dealt with over the phone. In addition, AT Medics will continue to engage and work with their PPG post implementation to ensure refinements and suggestions are taken on. PJ (LMC observer member on the Lambeth Joint Committee) raised two questions relating to the proposal. Firstly, to question whether Sunday appointments were required, as there was evidence elsewhere to show that appointments on Sunday are regularly unfilled. PJ also queried what the knock-on effect of implementing the service/appointments on Sundays would be on the primary care access hub PJ also asked for the detail on the financial costs for the opening hours and whether the cost of the contract will be funded to provide the extra opening hours. JWe advised that this was being funded by the practice at its own cost, rather than being separately funded by NHS England (London region) or by NHS Lambeth CCG. Lambeth Joint Committee gave its approval for the recommended approach. LW gave approval for the recommended approach on behalf of NHS England (London region).	
9.	Items for decisions reported per Joint Committee: <u>NHS Southwark CCG: Avicenna Health Centre</u> JWe introduced the paper (Enclosure P) that requested that the Joint Committee note the actions and emergency decision taken by PCJC members (as contained in the paper) as recommended by NHS England (London) to secure emergency arrangements for continuation of the provision of services for the registered patients of Avicenna Health Centre. On Wednesday 11 May, NHS England (London) received notification from the Care Quality Commission (CQC) of their intention to serve Dr Kadhim with an Urgent Notice of Decision to temporarily suspend primary care medical services at the Avicenna Health Centre under S31 of the Health & Social Care Act (2008) for a period of up to three months. This followed a CQC Inspection of Dr Kadhim's practice at the Avicenna Health Centre on 10 May 2016, and the CQC confirmed that it was their intention to serve the papers during the morning of Friday 13 May 2016. The papers were served by email to Dr Kadhim on Friday 13 May 2016. Based on a NHS England led option appraisal proposal, in line with the NHS England (London) Operating Model, Liz Wise - Director of Primary Care Commissioning, NHS England (London), in consultation with Andrew Bland – Chief Officer for NHS Southwark CCG and Jane Fryer - Medical Director for NHS England (London), voting members of the Primary Care Joint Committee, approved a short	

	term caretaking arrangement with the Aylesbury Health Centre, which commenced at 8am Monday 16 May 2016 for a period of up to 3 months. Immediate temporary caretaking arrangements were required and implemented for patients registered with the Avicenna Health Centre. The Aylesbury Partnership is providing emergency caretaking services for registered patients for a period of up to 3 months NHS England (London) will work closely with the CQC to understand the progress of the temporary suspension of services and will inform registered patients and local stakeholders of developments in partnership with co-commissioners Southwark CCG. NHS England (London), working with NHS Southwark CCG, will advise the PCJC on the status of and developments relating to the temporary suspension of services. NHS England (London) is pleased to report that there was no interruption of services to patients despite the very short time frame. Letters were sent to all stakeholders including registered patients, local GP practices, Southwark Overview and Scrutiny Committee and relevant Councillors, MPs, other local providers e.g. District Nursing, Health Watch and the LMC. CG advised that there had been a typo in the paper, referring to the temporary suspension of the practice by the CQC with effect from 16 March. This was in error and should have referred to 16 May. The error would be amended in the paper. Southwark Joint Committee and NHS England noted the decision made as reported.	
For Information		
10.	None	
Public		
11.	<u>Public Open Space</u> Eileen Smith asked a question about the ratio of numbers of GPs to registered patients in south east London. ABI agreed that Co-Commissioners would gather to the existing data on this for the six SE London borough and share back with her.	**ABI**
Other Business		
12.	<u>Any other business</u> GU advised that Local Joint Committee Terms of Reference were up for their 12 month review and that any changes to them would be reported at the 18 August PCJCs meeting. GU advised that Chair/vice Chair arrangements for south east London PCJC had also recently passed their initial 12 month review point – and to report that the PCJC Chairs had agreed that the present arrangements will continue (Greg Ussher and Martin Lee, respectively).	
For reference		
	Glossary of Terms The Joint Committees noted the contents of the Glossary of Terms. GU reported that the Glossary had been updated by TB to make it more user-friendly and up-to-die with current policy development, and that the Joint Committee Chairs had	

	approved the updated version.	
	Date of Next Meeting Thursday 18th August 2016, 6-8pm at Bexley Council Chamber, Bexley Civic Offices DA7 6LB	
Close		

Primary Care Joint Committees

29 June 2016

Signed Attendance Sheet (Public and other observers)

Simon Heard-White	N/A
Richard Comaish	N/A
Jackie Peake	Bromley CCG
Keith Fowler	Bromley CCG
Ashley O’Shaughnessy	Lewisham CCG
Nick Langford	NHS England
Gary Beard	NHS England
Kabir Kapoor	Southwark Disablement Association Chairman
Tatjana Kapoor	Southwark Deaf Forum Community
Ann Garrett	Bromley CCG
John Catlin	N/A
Bob Skelly	S. Southwark CCG
Bill Solmesow	Public
Eileen Smith	KONP
Claire Martin	Rosemont Pharmaceutics
Joanne Sanderson	KONP