NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Meeting to be held at 12:00 on Thursday 30th July 2015 in the Board Room, Sanger House, Brockworth, Gloucester GL3 4FE

No.	Item	Lead	Recommendation
1	Apologies for Absence	Chair	
2	Declarations of Interest	Chair	
3	Minutes of the Meeting held on 7th May 2015	Chair	Approval
4	Matters Arising	Chair	
5	Prime Ministers Challenge Fund Presentation	AH	Information
6	Premises Presentation	DE/AH	Information
7	National GP Patient Survey	MAE	Information
8	Locality Development and Primary Care Team Organisational Structure	HG	Information
9	Any Other Business (AOB)	Chair	
Date and time of next meeting: Thursday 24th September 2015 at 12:00pm in the Board Room at Sanger House			

A recording will be made of this meeting to assist with the preparation of the minutes. This recording will be made on an encrypted device owned by the CCG and will be held securely for a maximum of one week before being deleted

MINDFUL EMPLOYER

NHS Gloucestershire Clinical Commissioning Group (CCG) Primary Care Commissioning Committee

Minutes of the Inaugural Meeting held on Thursday 7th May 2015 in the Board Room, Sanger House, Gloucester GL3 4FE

Present:		
Alan Elkin	AE	Chair
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Colin Greaves	CG	Lay Member - Governance
Julie Clatworthy	JC	Registered Nurse
Mary Hutton	MH	Accountable Officer
Cath Leech	CL	Chief Finance Officer
Dr Andy Seymour	AS	Deputy Clinical Chair
In attendance:		
Debra Elliott	DE	Director of Commissioning, NHS England
Nikki Holmes	NH	Head of Primary Care, NHS England
Claire Feehily	CF	Chair of Healthwatch Gloucestershire
Cllr Dorcas Binns	DB	Chair of the Health and Wellbeing Board
Helen Goodey	HG	Associate Director Locality Development and Engagement
Alan Potter	AP	Associate Director of Corporate Governance
Fazila Tagari	FT	Board Administrator
There were 3 members of the public present.		

1 Welcome and Introductions

1.1 AE welcomed the Primary Care Committee and members of the public to the inaugural meeting.

2 Apologies for Absence

2.1 There were no apologies received.

3 Declarations of Interest

3.1 AS declared that his GP practice was a member of the GP Provider Company.

4 Terms of Reference

4.1 The Terms of Reference were presented which outlined the roles and responsibilities of the Committee. It was noted that the Terms of Reference were appended to the revised CCG Constitution that was considered by the Governing Body on the 29th January 2015 and subsequently approved by NHS England on the 6th February 2015.

4.2 RESOLUTION: The Committee noted the Terms of Reference

5 Delegation Agreement

5.1 The Delegation Agreement was introduced by AE and was taken as read.

5.2 AE drew attention to the executive summary of the report which specified that the Delegation Agreement was subject to further variation in the future and felt that it would be helpful to understand what areas were being considered. DE responded that the areas being discussed were the premises function, finances, dental, pharmacy, ophthalmology and specialist commissioning. It was indicated that the CCG had the capacity to support these commissioning functions in the future. MH advised that the Agreement could be varied if it was required.

5.3 CF queried the reporting mechanisms to the Adults Safeguarding Board in terms of the commissioning of GP services. DE confirmed that this would be reported by the CCG under delegated arrangements, although NHS England retained overall responsibility through the Secretary of State. MAE stated that she was a member of the Adults Safeguarding Board and highlighted that a designated nurse was also closely working with NHS England.

5.4 AE highlighted section 2.6 of the agreement which relates to the need for the CCG to provide a plan on the exercise of the functions by the end of May 2015 and queried if a national template was available considering the stipulated timescales. DE

advised that a detailed plan had been drawn up which demonstrated all the functions that exist under commissioning General Medical Services that were being jointly managed with HG's team. DE advised that regular meetings were held to review the transfer process and that NHS England would continue to support the CCG to deliver independently and until the plan's actions were fully exhausted, accepting that this could be an extensive process. HG thanked NHS England for the support during this process.

5.5 CG advised that there was a requirement to implement the staffing model within 6 months and requested that this was formally agreed. MH advised that Model 3 (Employment) was selected as stated in section 2.11 of the report. DE recognised that due to the complexity of the arrangement, it could also be reasoned that whilst working through the detail, elements of Model 1(Assignment of NHSE staff) could also be included in order to support the CCG. It was agreed that the arrangement required a formal confirmation. **MH**

5.6 DB enquired about the rationale for selecting Model 3. MH explained that Gloucestershire was the only local CCG that had selected delegated commissioning and felt that the next year would be busy for NHS England as other areas had selected joint commissioning. MH recognised that there was already a huge pressure within primary care which required a vigorous approach. MH explained that Model 1 was also explored but due to the limited resources available, it was practical to select Model 3. MH advised that the resource issue had been acknowledged by NHS England and that the decision was a mutual agreement.

5.7 <u>RESOLUTION:</u> The Committee noted the Delegation Agreement.

6 <u>National Updates</u>

6.1 DE provided a verbal update on national subjects. These were:

- Prime Minister's Challenge Fund;
- Specialised Commissioning; and
- Primary Care Infrastructure Fund

6.2 DE advised that the work to implement the Challenge Fund was

progressing. A meeting had been held with the national team and G-Doc (Gloucestershire GP Provider Company) where a due diligence was undertaken and discussions held on initiating the elements of the project further.

6.3 DE advised members of the proposed approach to the commissioning of specialised services and the opportunities for the CCG to play a greater role. MH advised that an impact analysis would need to be undertaken.

6.4 DE advised that the Primary Care Infrastructure Fund was a four year investment programme to accelerate improvements in GP premises and infrastructure. DE highlighted that Gloucestershire was in a good position due to the number of schemes that had been initiated during the PCT period. MH suggested that a premises report would be presented at the next Committee meeting. DE agreed that she would also prepare a short presentation. **DE**

6.5 CF enquired what the communication intentions were for the Challenge Fund in terms of the sharing of information with the public, particularly if it could result in the redesign of the current system. AS responded that the Associate Director of Communications was involved in the implementation process and that communication was embedded within the wider process.

6.6 CF also enquired about the prioritisation process for the infrastructure fund and the mechanism to distribute it equitably to ensure that it was aligned with the countywide commissioning strategy. DE articulated that there was a framework underpinning this scheme. DE advised that work was being carried out with the local planning authorities to ensure that spatial planning took account of the health needs of the population, for example, the development of significant housing developments. Property surveys were also undertaken of practice accommodation which established the condition, age, defects and whether they were DDA compliant. DE advised that this would be adopted as a tool to prioritise funding on any applications received.

6.7 <u>RESOLUTION:</u> The Committee noted the verbal update.

7 <u>Primary Care Overview</u>

7.1 AS introduced a presentation to the Committee which provided a local context to the primary care strategic priorities and the primary care offer.

7.2 The presentation covered:

- Our vision
- Strategic integration
- Context
- Summary of the challenges
- Pressures on primary care
- Opportunities for primary care
- What will success look like?
- Consistent primary care offer - the Gloucestershire model
- Progress so far
- Prioritisation
- Primary care strategic priorities
- Reducing variation and improving quality in primary care enhanced service

7.3 JC reminded members of the inherent risks posed by workforce challenges particularly in terms of nurses and felt that there could be possible risks to delivery. The Committee acknowledged the challenge. DE informed members that discussions were being held with the University of the West of England to explore training programmes for nurses.

7.4 <u>RESOLUTION:</u> The Committee noted the presentation.

8.1 <u>Primary Care Governance Structure</u>

8.1.1 HG provided a presentation that outlined the Primary Care Governance Structure which represented the CCGs response to ensuring that there was a robust governance structure for Primary Care Co-Commissioning.

8.1.2 HG felt that the structure represented an excellent model to deliver the strategic and operational requirements to meet the needs of taking delegated authority for co-commissioning of primary care medical services.

8.1.3 HG advised that a number of primary care workstreams had been established under the Primary Care Operational Group who would be responsible for the development of the primary care strategy.

8.1.4 The workstreams included the following:

- Quality Improvement
- Estates
- Innovation
- Workforce and Education
- Enhanced Services
- IM&T Strategy

8.1.5 JC felt that it would be challenging to address the issue of innovation and queried how this would be managed. HG advised that the innovation group was clinically led and that a number of themed questions would be posed to GP practices in order to obtain their views. This would inform the innovation agenda going forward. MAE felt that Research and Development was also vital to improving innovation in primary care and advised that meetings had been held with the Gloucestershire Research Consortium where resources had been commissioned for primary care.

8.1.6 DB enquired why nurse education and the availability of training was at low level in Gloucestershire and was advised that this was a historical issue and that responsibility for training had transferred to the GPs as part of the 2004 GMS contract. The individual practices were responsible for continuing the support of practice nurses. HG indicated that Gloucestershire was the only regional area where nurse training was not structured and facilitated. It was noted that other regional areas utilised the LMC for facilitating the training.

8.1.7 AE requested that the primary care and localities team structure was presented at the next Committee meeting. **HG**

8.1.8 <u>RESOLUTION:</u> The Committee noted the Primary Care Governance Structure

8.2 Primary Care Operational Group Terms of Reference

8.2.1 The Primary Care Operational Group (PCOG) Terms of Reference was presented to the Committee. The paper was taken as read and views were invited from members.

8.2.2 CF requested clarification on the group that held the responsibility for the process of engagement with the public and it was advised that the IGQC held overall responsibility. An action plan was required and this would be developed with the input of the lay membership and would be tested with the PCCC prior to sign off.

8.2.3 CG highlighted that the structure diagram did not correlate with what was indicated in the report and requested that this was corrected.

8.2.4 <u>RESOLUTION:</u> The Committee approved the Primary Care Operational Group Terms of Reference

9 <u>Primary Care Co-Commissioning Budget</u>

9.1 CL introduced the report which provided a summary of the primary care budget. CL reported that the CCG's 2015/16 delegated budget for primary care totals £76.8m. However, the potential financial risk around this budget had been recognised in the overall CCG budgets and reflected as a financial risk.

9.2 CL advised that the budget set included the application of the NHS England business rule in terms of the achievement of a 1% surplus, a contingency reserve of 0.5% and a headroom reserve of 1%.

9.3 Budgetary limits for expenditure will be as per the current CCG Detailed Scheme of Delegation which was outlined in Appendix 2. There was ongoing work between the CCG and NHS England finance teams to finalise the actual expenditure relating to the baseline and also to ensure that all commitments for 2015/16 have been identified. This will then inform the forecast for the primary care budgets going forward.

9.4 CL informed members that the CCG Finance and Primary Care

teams had been, and were continuing, to work with NHS England to ensure that there were robust financial procedures in place around the validation of claims and the processing of payments. This work will continue through the year as roles within NHS England change and systems such as Exeter become available to the CCG.

9.5 <u>RESOLUTION:</u> The Committee noted the report.

10 <u>Quality Report</u>

10.1 MAE introduced the report which provided assurance to the Committee that quality and patient safety issues were given the appropriate priority and that there were clear actions to address them.

10.2 MAE provided a background context to the development of quality in primary care. It was noted that the change to delegated commissioning for the CCG had clarified the responsibility for quality assurance and provided the organisation the opportunity to lead the development of quality, safe services in GP primary care.

10.3 MAE informed members that the formal system of quality assurance will be undertaken by the development of a new Clinical Quality Review Group (CQRG) for primary care which would report to the Integrated Governance and Quality Committee. The Terms of Reference for this Group were outlined in Appendix 1 of the report.

10.4 MAE emphasised that one of early initiatives for primary care would be a drive to encourage GP practices to '*Sign up to* Safety'.

10.5 CG highlighted that the Terms of Reference stated that the CQRG would report to the Integrated Governance and Quality Committee (IGQC). However, the governance structure indicated a dual reporting line to the PCOG as well and requested that this was clarified. It was felt that there should be a link to the PCOG although the CQRG reports directly to the IGQC.

10.6 MAE updated the Committee on practice nurse education and development and how the CCG was proposing to take it forward.

10.7 MAE advised that it was proposed to have a role in the CCG of a Practice Nurse Education and Development Manager and to support this work; the CCG was planning to establish a Practice Nurse education group, with representatives of experienced practice nurses from each locality.

10.8 <u>RESOLUTION:</u> The Committee noted the report.

11 <u>Any Other Business</u>

11.1 There were no items of any other business.

12 The meeting closed at 13:30.

13 Date and Time of next meeting: Thursday 30th July 2015 in the Board Room at Sanger House.

Minutes Approved by Gloucestershire Clinical Commissioning Group Primary Care Commissioning Committee:

Signed (Chair):_____ Date:_____

Matters arising from previous Primary Care Commissioning Committee Meetings – May 2015

Item	Description	Response	Action with
07.05.15 Agenda Item 5.5	Delegation Agreement	CG advised that there was a requirement to implement the staffing model within 6 months and requested that this was formally agreed. MH advised that Model 3 (Employment) was selected as stated in section 2.11 of the report. DE recognised that due to the complexity of the arrangement, it could also be reasoned that whilst working through the detail, elements of Model 1(Assignment of NHSE staff) could also be included in order to support the CCG. It was agreed that the arrangement required a formal confirmation.	**MH**
07.05.15 Agenda Item 6.4	National Updates	DE advised that the Primary Care Infrastructure Fund was a four year investment programme to accelerate improvements in GP premises and infrastructure. DE highlighted that Gloucestershire was in a good position due to the number of schemes that had been initiated during the PCT period. MH suggested that a premises report would be presented at the next Committee meeting. DE agreed that she would also prepare a short presentation.	**DE**
07.05.15 Agenda Item 8.1.7	Primary Care Governance Structure	AE requested that the primary care and localities team structure was presented at the next Committee meeting.	**HG**

NHS
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Agenda Item 7

NHS Gloucestershire Clinical Commissioning Group
Primary Care Commissioning Committee

Meeting Date	**Thursday 30th July 2015**
Title	**National GP Patient Survey (GPPS) - July 2015 publication**
Executive Summary	In the July 2015 publication of the National GP Patient Survey results the majority of Gloucestershire practices were recorded at or above, the national average for overall experience. The results of the national GP Patient Survey can be triangulated with other sources of feedback, such as feedback from Healthwatch Gloucestershire (as above) Patient Participation Groups, local surveys, Care Quality Commission Reports and the Friends and Family Test, to develop a fuller picture of patient journeys though primary care. Following delegation from NHS England in April 2015, the CCG Engagement and Experience Strategy is being revised to include primary care experience and engagement.
Risk Issues: **Original Risk** **Residual Risk**	Not Applicable
Financial Impact	Not Applicable
Legal Issues (including NHS Constitution)	Not Applicable
Impact on Health Inequalities	Survey respondents were randomly selected from registered patient lists nationally to complete the survey. This will be repeated on a 6 monthly basis. All GP practices in England participate in the national survey.

Impact on Equality and Diversity	The survey is promoted in a range of posters in the most frequently occurring languages other than English. The CCG promoted the other language posters to practice managers via What's New This Week during Q1 2015/16, and will continue to do so to complement the national survey schedule.
Impact on Sustainable Development	Not Applicable
Patient and Public Involvement	Part of the national NHS survey programme. Carried out on a 6 monthly basis, with registered patients randomly selected to complete the survey.
Recommendation	Paper for information only.
Author	Becky Parish
Designation	Assoc. Director, Engagement and Experience
Sponsoring Director (if not author)	Marion Andrews-Evans, Director of Nursing and Quality

Agenda Item 7

Primary Care Commissioning Committee

30th July 2015

National GP Patient Survey - July 2015 publication

1 Background information about the survey

1.1 The GP Patient Survey (GPPS)[1] is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

1.2 The GP Patient Survey measures patients' experiences across a range of topics, including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services

1.3 The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.

1.4 The data in this report is based on the July 2015 GPPS publication. This combines two waves of fieldwork, from July to September 2014 and January to March 2015, providing practice-level data. In NHS Gloucestershire CCG, 23,647 questionnaires were sent out, and 9,765 were returned completed. This represents a response rate of 41%.

1.5 The survey has limitations:

- Sample sizes at practice level are relatively small.
- The survey does not include qualitative data which limits the detail provided by the results.
- The data are provided twice a year rather than in real

[1] For more information about the survey please visit https://gp-patient.co.uk/.

time.

- However, given the consistency of the survey across organisations and over time, GPPS can be used as one element of evidence.

2 Overall experience of GP surgeries in Gloucestershire

2.1 Gloucestershire CCGs' results over time. The following question tests overall satisfaction with the services provided by GP practices.

Overall, how would you describe your experience of your GP surgery?

Date	Gloucs. Av Good	England Av	Date	Gloucs. Av Poor	England Av
July 2015	89%	85%	July 2015	4%	5%
July 2014	*89%*	*n/a*	*July 2014*	*2%*	*n/a*

Practice range in CCG – % Good

- Lowest performing 61%
- Highest performing 98%
- 72 out of 84 Gloucestershire practices recorded on or above the national average for overall experience.
- 12 out of 84 Gloucestershire practices recorded below the national average for overall experience.

(* Note: Some practice response rates may be very small. See 1.5)

Detailed results from the survey can be found at https://gp-patient.co.uk/slidepacks/July%202015[2]

[2] CCG Bulletin. News for CCGs in England. Publication date: 20 July 2015. Issue number: 90. Publications gateway number: 03817

3 Healthwatch Gloucestershire GP Survey 2015

3.1 The July 2015 publication of national GP Patient Survey results for Gloucestershire Practices are broadly in line with the results recorded in the recent Healthwatch Gloucestershire GP Patient Survey, with high levels of satisfaction generally reported by patients.

4 Application of the Results

4.1 The results of the national GP Patient Survey can be triangulated with other sources of feedback, such as feedback from Healthwatch Gloucestershire (as above) Patient Participation Groups, local surveys, Care Quality Commission Reports and the Friends and Family Test, to develop a fuller picture of patient journeys though primary care.

4.2 These results and the other forms of patient and public feedback will be discussed at the Primary Care Clinical Quality Review Group and with Locality Executive Groups. Individual practice feedback will be discussed on a 1:1 basis between practices and commissioners as part of regular quality monitoring arrangements.

5 CCG Engagement and Experience Strategy – Our Open Culture

5.1 Following the delegation of primary care commissioning to the CCG from 1 April 2015 the CCG Engagement and Experience Strategy is now being revised to pay particular attention to experiences of primary care and engagement regarding primary care matters. Healthwatch Gloucestershire will be invited to contribute to the revision of the strategy and associated action plan. The revised strategy will be shared with the Primary Care Commissioning Committee (date to be confirmed).

6 Recommendation(s)

The Primary Care Commissioning Committee is asked to note this report for information.

NHS
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Agenda Item 8

NHS Gloucestershire Clinical Commissioning Group
Primary Care Commissioning Committee

Meeting Date	**Thursday 30th July 2015**
Title	**Locality Development and Primary Care Team Organisational Structure**
Executive Summary	This paper provides an overview for the Primary Care Commissioning Committee of the structure of the Locality Development and Primary Care Team, now that all posts have been recruited to.
Risk Issues: **Original Risk** **Residual Risk**	None
Financial Impact	None
Legal Issues (including NHS Constitution)	None
Impact on Health Inequalities	None
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	None
Recommendation	For Information Only
Author	Stephen Rudd
Designation	Head of Locality and Primary Care Development
Sponsoring Director (if not author)	Helen Goodey Director of Locality Development and Primary Care

Agenda Item 8

Primary Care Commissioning Committee

30th July 2015

Locality Development and Primary Care Team Organisational Structure

1 Introduction

1.1 As part of Gloucestershire's successful application for taking delegated commissioning arrangements for Primary Medical Care, the Governing Body approved additional posts for the Locality Development and Primary Care Team.

1.2 These posts were sought in order to address the capacity required for taking the additional responsibilities associated with delegated commissioning arrangements.

1.3 The existing team, as established experts in Primary Care, assessed the posts required, and determined the skills, knowledge and experience necessary for prospective candidates.

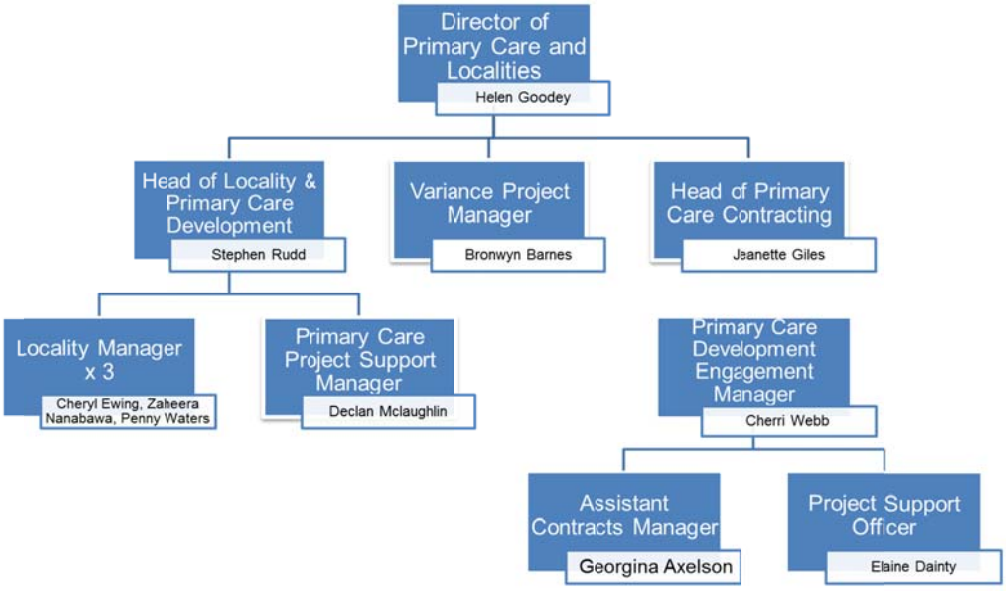
2 The Structure

2.1 Additional posts were identified for:

- Head of Primary Care Contracting
- Primary Care Project Support Manager
- Assistant Contracts Manager

2.2 GCCG were keen to recruit as soon as possible following the announcement of our successful application, and the NHS England Sub-Region team supported our recruitment approach.

2.3 All posts were successfully recruited to and as of the first week of July, all candidates are now in post. Please see the structure chart below, with green denoting newly created posts. It is important to note that the Locality Managers support the seven GP localities as commissioners of local service provision, rather than Primary Care contracting.



3 Recommendation(s)

3.1 This paper is for information only