CLINICAL COUNCIL

Minutes of the Meeting held on
Wednesday 20 April 2016, 9.30am – 12.30pm
The Boardroom, Standard Court

Present:
Dr Alastair McLachlan  Corporate Medical Lead (Chair)
Dr Margaret Abbott  GP, Windmill Practice and Executive Lead
Dr Marcus Bicknell  GP, Beechdale Surgery and Executive Lead
Dr Safiy Karim  GP and Executive Lead
Dr Hugh Porter  GP, Cripps Health Centre and CCG Clinical Lead
Dr Om Sharma  GP, Greenfields Medical Centre and Executive Lead
Dr Arun Tangri  GP, Riverlyn Medical Centre and Executive Lead
Dr Ian Trimble  GP, Sherwood Health Centre and Executive Lead

Apologies:
Dr Manik Arora  GP, Rivergreen Medical Centre and Executive Lead
Audrey Watkiss  Practice Manager, Sherrington Park Medical Practice and Executive Lead

In Attendance:
Mindy Bassi  Assistant Director, Medicines Management
Jason Mather  Commissioning Manager, Primary Care
Bridget Meats  Governance Officer (Observing)
Dr Puja Nanda  GP, Cripps Health Centre (Observing)
Maria Principe  Director of Contracting and Transformation
Sally Seeley  Director of Quality and Personalisation
Vinay Shankar  GP Fellow
Rachel Sokal  Public Health Consultant, Nottingham City Council
Dawn Smith  Chief Officer
Maureen Welch-Dolynskyj  Governance Officer (Minute Taker)
Juliet Wright  Practice Nurse, Fairfields Practice

Cumulative Record of Members’ Attendance (2016/17)

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*currently on maternity leave
**currently on long-term sick leave
CC/16/035 Welcome and Apologies

Dr Alastair McLachlan formally opened the meeting and a round of introductions was held.

Apologies were received on behalf of Dr Manik Arora.

CC/16/036 Declarations of Interest in relation to any Item on the Agenda

A standing declaration of interest was acknowledged in respect of GP members in their roles as providers.

A general declaration was made in respect of upcoming items CC/16/040 (GP Alliance Update) and CC/16/041 (Primary and Community Care Estates Strategy Update).

No other declarations of interest were made over and above those indicated in the Register of Interests.

Dawn Smith reminded members that declarations of interest need to be made as soon as possible in order that the CCG’s master Register of Interests can be kept up to date. It was highlighted that the extract of the Register of Interests in relation to Clinical Council members had recently been updated and members were asked to notify Maureen Welch-Dolynskyj of any personal changes to the Register of Interests.

CC/16/037 Agreement of how any real or perceived conflicts of interest are required to be managed

It was agreed that all members could participate in associated discussions pertaining to items CC/16/040 and CC/16/041 as input and discussion would be from an advisory perspective and that no direct decisions, or decisions relating to payment, would be taken.

CC/16/038 Minutes of the Previous Meeting and Matters Arising

The minutes from the meeting held on 16 March were agreed as a true and accurate record, subject to the following amendments:

CC/16/023: Nottinghamshire Healthcare Trust – Cost Improvement Plan

Sally Seeley requested that Chris Packham be listed and referred to as Dr Chris Packham.

Dr Marcus Bicknell requested the inclusion of additional comments made by him as follows:

- Bed closures instigated by Nottinghamshire Healthcare Trust can put pressure on the system.
- He recognised the continued pressures of the current financial envelope on the NHS.
He had noted that the £500k gap would be discussed during contract negotiations with the CCG.

CC/16/015: Prescribing Update

Dr Bicknell requested that the sentence:

Dr Bicknell reported that he had received inappropriate requests from the anti-coagulation clinic at Nottingham University Hospitals Trust to switch patients from warfarin to the new anticoagulation medication; Mindy asked that he send any anonymised examples directly to her for investigation.

be changed to:

Dr Bicknell reported that he had received requests from the anti-coagulation clinic at Nottingham University Hospitals Trust to switch patients from warfarin to the new anticoagulation medication; Mindy asked that he send any anonymised examples directly to her for investigation.

CC/16/026: Paediatric Continence Advisory Service

Sally Seeley requested that Charlotte Reading be specifically noted as attending for this item.

Rachel Sokal requested that it should be noted that a specific query had been raised about whether the over-capacity of the service was being caused by the number of number of inappropriate referrals being received or by referrals that could be signposted elsewhere.

CC/16/028: Provider Updates (Nottingham University Hospitals Trust)

Dr Ian Trimble requested that the sentence:

Dr Trimble queried the veracity of the data in relation to non-elective activity and it was reported that Simon Castle, Assistant Director of Performance, Productivity and Efficiency, is reviewing this in terms of consistency.

be changed to:

Dr Trimble queried the consistency of the data in relation to non-elective activity and it was reported that Simon Castle, Assistant Director of Performance, Productivity and Efficiency, is reviewing this in terms of consistency.

Matters Arising

CC/16/029: Public Health Update

Dr Bicknell requested that in relation to the sentence below, it should be noted that fewer operations are being carried out than would be expected for the Nottingham City demographic:
In response to comments from Dr Bicknell, Rachel stated that data suggests that an insufficient number of hip operations are being carried out.

*Maria Principe joined the meeting at 9.50 am.*

Dawn clarified that elements of the acupuncture service offered by the CCG in relation to acute or chronic pain conditions do comply with NICE guidelines and she highlighted that the guidelines can be difficult to interpret.

Dawn queried where in the general commissioning process reference to NICE guidelines is made; Sally clarified that this is incorporated within all service commissioning templates.

Dawn felt that a more definitive process was required in terms of the consideration of NICE guidelines in the commissioning process and suggested that this be further discussed at an Executive Management Team meeting.

Sally agreed that it would be prudent to review the existing process and then to provide an update to Council members.

**CC/16/039 Action Log**

**CC/16/006: Primary Care Offer**

Maria Principe reported that the Primary Care Offer is scheduled to be released in three to four weeks’ time and had been approved in principle by the Resource Allocation and Prioritisation Panel on 6 April.

In terms of the practicalities of facilitating access to female and male GPs, Maria stated that this can be requested, and that efforts will be made in this regard, but cautioned that this may not always be possible.

**CC/16/007: Service Improvement and Clinical Innovation Funds**

Dr Bicknell raised a query about two bids he has submitted in relation to physical health care treatment of vulnerable patients based in the Probation Service and also a haematology service. Maria reported that both bids had been approved by the Executive Management Team and were now going through the normal approval and prioritisation process. She agreed to investigate at what stage the bids are currently at.

**CC/16/009: Educational Needs Identified in Primary Care**

Alastair reminded members that it is planned to incorporate identified themes from the issues log into discussions with Dr Stephen Fowlie, Medical Director and Deputy Chief Executive at Nottingham University Hospitals Trust, which are scheduled to take place at the May meeting. He added that themes from the issues log are currently being collated in order to inform those discussions.
**ITEM**

Dr Hugh Porter queried whether the feedback loop has been closed in terms of the progression of issues. Dr Margaret Abbott reported that there is a tab that can be clicked on which will then indicate that the issue has been acknowledged and to where it has been passed. Dr Porter suggested that this is shared with all members via the GP Bulletin and cluster boards. Dr Bicknell suggested that Nottingham CityCare Partnership also have access to the log.

Mindy Bassi reported that the Prescribing Team regularly checks the log and deals with issues as appropriate.

Dr McLachlan clarified that when issues are highlighted, they are then notified to the appropriate commissioning manager, therefore allowing themes to be identified and collated.

Dr Abbott commented that the GP Bulletin is currently very long and busy, but Dr Porter clarified that this is because of a recent backlog of unreported happenings, but that he would feed back her comments to the Communications Team.

Maureen Welch-Dolynskyj agreed to liaise with Matt Schofield to ask him to add the issues log update in terms of the tab identified by Dr Abbott and the upcoming GP Bulletin to next month’s cluster board agendas.

All other actions had been completed or were in progress as per the main Action Log.

*Dawn Smith left the meeting at 10.10 am.*

**Quality Updates**

**CC/16/040  GP Alliance Update**

Dr Porter presented an update on the GP Alliance and highlighted the following salient points:

- Work has been ongoing between NHS England, The Primary Care Development Centre and the CCG in relation to the development of a model which has now taken the official form of a federation of local City practices: Nottingham City General Practice Alliance Ltd. The aim is to increase resilience and sustainability within primary care and to support practices through a range of issues including inspections, staff changes, service contract implementation, the making of efficiency savings, and delivering redesigned and reconfigured healthcare.

- Nottingham City General Practice Alliance Ltd has now been fully incorporated and its membership currently stands at 41 practices which covers 299,941 patients. He noted that this represents 73% of practices and 82% of the patient population covered by the CCG.

- It is planned to close membership of the GP Alliance for this year on Friday 22 April 2016.
- An interim board has now been formed which comprises GP and practice manager representation. A formal election process is scheduled for the end of May 2016 with an intended representation of four GPs, four practice managers and three co-opted members to include one practice nurse, one non-principal GP and one lay member. An operational manager and administrative support has also been recruited.

- The website address for the GP Alliance is www.ncgpa.org.uk

Dr McLachlan queried whether there was a strategy in relation to practices that had not signed up, and suggested that a two-tier system could be adopted in this regard as long as patient care was equitable between the two groups. Dr Porter clarified that non-signed up practices would be supported via the Primary Care Patient Offer.

In relation to the Primary Care Patient Offer, Maria Principe clarified that practices that sign up to the Offer, but fail to deliver against the stipulated minimum standards will not receive payment. Maria noted that the Primary Care Patient Offer for Nottingham City has adopted a financial package in accordance with its particular demographic and vanguard initiatives, which are different from neighbouring CCGs.

*Jason Mather joined the meeting at 10.25 am.*

Maria clarified that the GP Alliance does not currently have sufficient financial history and cannot therefore legally procure contracts, but may be able to do so in the future. Dr Bicknell suggested that this could be discussed further following election of the full board.

Maria noted that practices could sub-contract via the GP Alliance with other practices or providers, by means of a service level agreement, in order to be able to meet the required minimum standards.

Dr Porter queried the level of available financial support to the newly-formed GP Alliance and Maria reported that she is scheduled to meet with the chair of the GP Alliance to discuss how any available CCG support and involvement could be incorporated.

Dr McLachlan noted the importance of ensuring equity of service and provision across all practices, whether or not they are part of the GP Alliance.

Maria emphasised that the CCG cannot influence practice membership of the GP Alliance, but noted its potential effectiveness in supporting practices to reach the required minimum standards.

Dr Bicknell queried the reasons for the non-sign up of practices and suggested that this may be due to vulnerability; Dr Porter stated that the reasons for potential non-sign-up had not yet been ascertained.

In conclusion, Dr McLachlan stated that the update had been very useful and noted the impressive sign-up rate. He also noted that it was helpful to be aware of other CCGs’ arrangements in order to share best practice.
Dr McLachlan thanked Dr Porter for his presentation.

The Clinical Council NOTED the paper.

*Dawn Smith rejoined the meeting at 10.45 am.*

**CC/16/041 Primary and Community Care Estates Strategy Update**

The Council welcomed Jason Mather, who presented his paper which provided an overview and update of the Estates Strategy, the application process in relation to the Primary Care Infrastructure Fund and the associated evaluation and decision process to be undertaken by the CCG.

Jason briefly recapped the background to the 10-year strategy, noting that it has been drafted in order to understand the current position in terms of estate and estate utilisation across primary and community care. He added that it will also help to inform the future direction of integrated care and commissioning decisions.

Jason noted that liaison has taken place with a range of key stakeholders, including GPs, the local authority and providers. He added that a Local Estates Forum (LEF) has been formed in this regard and meets on a monthly basis to discuss the delivery of an integrated and effective approach to the built environment aligned to the CCG’s commissioning strategy. Jason noted that these discussions have been useful in aiding the CCG to understand void costs and in reviewing regeneration projects. He also noted it is planned to hold quarterly LEF meetings which will include the Local Medical Council and neighbouring county CCGs in order to identify any cross-over issues.

Jason reported that the strategy requires final endorsement by the Communications Team prior to being more widely shared during early May. It is also planned to hold drop-in sessions at various strategic locations during May for further engagement with stakeholder, practices and patient participation groups.

Jason stated that a range of dashboard indicators recorded as part of the strategy’s development have been used to inform the options and recommendations for future investment. These include: condition, utilisation, development potential, health status, housing growth, population growth and service provision.

Jason clarified that the recommendations, approved by the Governing Body in February 2016, are there to support decisions in terms of bidding for potential funds - initially the Primary Care Transformation Fund. He noted that details of the bidding process for that fund have not yet been released, but that practices and providers will have an opportunity to bid for that funding through the CCG. Jason emphasised that any bids would need to be assessed by the CCG to ensure that they aligned to its agreed strategic direction, and would be subject to the CCG’s decided approval and prioritisation process via the Primary Care Commissioning Panel. He added that a template is currently being drafted with the aim of making this available for potential bidders following formal approval by the CCG’s
Executive Management Team.

In terms of next steps, Jason reported that there will be a continuing review of the community estate profile, which will inform updates to the strategy in accordance with changes to future models of care and any plans developed as part of the transformation programme. He acknowledged that it is necessary for the development of guidance for commissioners in ensuring that providers are utilising current space, which will also help to avoid the CCG incurring unnecessary costs for empty space.

Dr Bicknell queried whether void costs would be top-sliced from the CCG’s budget with subsequent reimbursement from NHS Property Services. Jason responded that this has not yet been decided and that NHS England is currently reviewing a range of cost models in conjunction with NHS Property Services.

Dr Bicknell queried the rules of the use of Section 106 monies by local authorities and any input that the CCG has in the process. Jason reported that local authorities can only apply for this if the site is not brownfields land and a profit can be made from the development. He added that the application has to be made via a public body.

Mindy Bassi enquired how much notice would be given in relation to the planned engagement drop-in sessions, noting that it may be difficult for pharmacists to attend at short notice. Jason agreed to ensure that the Medicines Management Team is included in any notification of engagement events at the earliest opportunity.

Dr Abbott enquired what the position was with regard to the issues practices were having with NHS Property Services. Maria reported that NHS Property Services is currently going through a national restructuring process, and cautioned that the CCG has limited influence in this regard. Jason added that he is scheduled to meet with NHS Property Services colleagues to ascertain the best way forward.

Dr Porter concurred with Dr Bicknell’s comment that it would be useful to ascertain any potential risks or other implications for practices in terms of recurrent and non-recurrent costs.

Dr McLachlan suggested that the potential financial risks to practices could be added to the CCG’s Risk Register, but acknowledged that practices may be reluctant to release the required sensitive financial information. Dr Porter suggested that an initial scoping exercise could be undertaken in this regard.

Dr McLachlan thanked Jason Mather for his presentation.

The Clinical Council NOTED the update.

Maria Principe left the meeting at 11.05 am.
**CC/16/042** **Member Practices' Update**

Dr McLachlan introduced this item and explained that it is intended as an opportunity for members to feed back pertinent issues or information from their clusters.

Dr Arun Tangri reported that an ECG service commissioned by the City Central Cluster had come to an end in May. He queried whether the contract could be extended, but Dr McLachlan explained that a business case would be required in that instance and that an evaluation would also have to be carried out.

Dr Bicknell advised that any identified clinical abnormalities noted on an ECG could be sent via the NUH Navigator for a quick response.

Sally Seeley advised that he liaised with the relevant commissioning manager to establish how best to proceed.

Dr Tangri also reported issues in relation to access to a diabetes specialist nurse because of the requirement to make referrals via Choose + Book. Dr McLachlan suggested that this may form part of the review of the diabetes service currently being carried out by Dr Manik Arora and suggested that Dr Arora could look into this matter and feed back findings.

Dr Tangri reported that there is a lack of midwife support at practices which is causing some problems. Dr McLachlan noted that this is an ongoing issue. Sally suggested that Dr Tangri liaised with Lucy Anderson, Assistant Director, Quality and Governance, Children and Learning Disabilities.

Dr Porter reported that, as a result of the closure of the Walk-in Centres, there are growing issues in relation to the weekend wound care service. He noted that the Urgent Care Centre has a different remit and is not obliged to offer this service. He added that the main challenges are around capacity and the appointment system. Dr Ian Trimble reported that this matter is under review by the Urgent Care Group and has also been added to the issues log. Dr Abbott highlighted that the current appointment system disadvantages homeless patients, and Dr Trimble agreed to feed this back to the Urgent Care Group.

Dr Abbott reported that the Robin Hood Cluster is looking to review its constitution with the aim of increasing membership and engagement.

Dr McLachlan reported that a stakeholder event had been held on 19 April in relation to the CCG's commissioning strategy with the aim of ascertaining related feedback. He suggested that the strategy be presented to cluster boards in order to capture specific clinical engagement. He added that it would also be beneficial to include allied health professionals and secondary care colleagues in the engagement process. Dawn noted that the consultation period runs until the end of July and that the strategy is also scheduled for discussion at the CCG’s bi-annual meeting in July.
Dr Trimble reported delays in relation to routine X-rays with a current waiting time of three to four weeks for an X-ray and then a further three to four weeks for results. Dr Porter stated that this has been flagged up with the Clinical Contract Board. It was noted that there have been ongoing IT issues and that the issue is under review via contract meetings. Sally highlighted that any resulting significant incidents of patient harm need to be notified to Nottingham University Hospitals Trust.

Dr Trimble reported issues with the oxygen pathway: there are long waits for chronically ill patients and significant delays in arranging oxygen for palliative care patients.

Dr Trimble also reported transport delays in relation to hospital discharges. He highlighted an incident of a patient having to wait 12 hours, without a drink, and who was subsequently re-admitted after falling ill upon returning home.

Dawn reiterated the need to remind members to record such incidents on the issues log, which would help to identify themes and patterns. She also suggested that mechanisms should be devised that enabled the Quality Team to be sighted on highlighted concerns. SS It was noted that clarity was required in terms of the process of who is reviewing specific elements of the issues log.

Dr McLachlan reminded cluster board chairs of the need to draw the issues log to the attention of their members and suggested that this is also highlighted in the GP Bulletin. He suggested that it may also be beneficial for cluster boards to routinely receive copies of the Clinical Council minutes. AM / LD MWD

Dr Trimble reported that he will be leaving the CCG at the end of June, and suggested that clarity was required in relation to any subsequent restructuring or succession planning process.

**CC/16/043**  
**Educational Needs Identified in Primary Care**

There were no significant issues that would not be covered elsewhere during the meeting.

**CC/16/044**  
**Provider Updates**

*Nottingham University Hospitals Trust*

The Council received the April Update Report - month 11, which was noted for information.

Dr Porter highlighted the following salient points:

- Contract negotiations between the CCG and Nottingham University Hospitals Trust are continuing.

- National clinical guidance has been issued in relation to tertiary cancer referrals, and there is now a target date of 38 days by
which handover from referring trusts to treating trusts must take place.

- The Emergency Department performance is continuing to be well below target, and had been below the 95% standard at 76.3% as at March 2016.

- In terms of DNA for first outpatient appointments, it has been agreed to trial an initiative whereby DNA patients will be sent a letter and will have two weeks to rebook an appointment directly. He noted that the referral-to-treatment clock won’t stop, but will in effect be nullified. Letters will be sent to GPs to this effect.

- All General Ophthalmic Service non-urgent referrals are now required to be made via Choose + Book.

**Mental Health and Learning Disabilities**

No monthly report was available for this month, but Dr Safiy Karim provided updates as follows:

- In relation to early intervention in psychosis, the referral rate for Nottingham City is down to 15%. He suggested that earlier intervention from Nottinghamshire Healthcare Trust and associated additional investment may improve that rate.

- Wellness in Mind, commissioned jointly by Nottingham City Council and the CCG as a city-wide initiative, is currently being presented at cluster boards.

Dr Karim queried who provides the psychotherapy service at Nottingham Trent University; Dawn reported that they operate their own in-house service and it was noted that this service was not included in the CCGs figures.

**Treatment Centre**

The Council received the April Update Report - month 11, which was noted for information.

**Community Services**

The Committee received the February Update Report - month 11, which was noted for information.

Dr Bicknell highlighted the following salient points:

- Nottingham CityCare Partnership appears to be in control of its general portfolio and has plans in place to address any identified issues.

- The children’s pathway is at the pilot stage and has been inundated with referrals – an independent analysis is currently being done. Work is also being undertaken with the team to
A meeting is scheduled with Tracey Tyrell, Director of Quality and Safety/Executive Nurse at Nottingham CityCare Partnership, to discuss the Commissioning for Quality and Innovation payments framework, which will include the immunisation and vaccination service as well as long-term conditions.

The Council NOTED these updates.

CC/16/045  Public Health Update

Rachel Sokal reported that she has recently had a meeting with CCG colleagues in relation to the joint Memorandum of Understanding, which will be presented to the Clinical Council in due course.

Rachel also reported that the post of Director of Public Health has recently been advertised; the closing date is 9 May and the interviews will be held on 19 June.

Dr McLachlan thanked Rachel for her update.

The Council NOTED this update.

CC/16/046  Health and Wellbeing Update

Dr Trimble reported that the minutes from the Health and Wellbeing Board meeting held on 30 March are now available on the Nottingham City Council’s website:

http://committee.nottinghamcity.gov.uk/ieListMeetings.aspx?CommitteeId=185

Dr Trimble added that the Joint Health and Wellbeing Strategy remains a work-in-progress and is scheduled for re-presentation at the May meeting with the aim of having final sign-off at the July meeting.

Dr Trimble noted that Dawn had presented the CCG’s Operational Plan for 2016/17.

There followed brief discussion on the feasibility of factoring in clinical input into the strategic development plan; it was acknowledged that this would be a good idea, but that there were timing issues which made this difficult.

The Clinical Council NOTED this update.

Closing Items

CC/16/047  Items for Escalation to the Governing Body

It was agreed that item to be drawn to the attention of the Governing Body is:
ITEM

- Discussion held in relation to the conflict of interests requirements as detailed in the Managing Conflicts of Interest Draft Policy for 2016 as detailed in Any Other Business below.

CC/16/048 Items for Feedback to Cluster Boards

There were no significant issues other than those covered elsewhere during the meeting.

CC/16/049 Any Other Business

Alastair drew members’ attention to the Managing Conflicts of Interest Draft Policy for 2016, which he noted replaced the previous policy from 2014.

There was discussion around three main areas:

1. In relation to the section headed “Register of Interests – Statutory Requirements”, Alastair noted that individual practices are assumed to collate and record this information and then pass it to CCGs for wider publication. Alternatively, practices could publish the information on their own websites. He then invited views and comments.

   Dr Bicknell noted that there are potentially a wide range of conflicts of interests within practices and that an associated robust process would need to be devised. Dawn Smith noted that the requirements do not just affect GPs within practices.

2. In terms of available conflicts of interest training, Sally noted that mandatory training is available online. There was general consensus that the new requirements are not proportionate.

3. In relation to the section headed “Membership of PCCC”, Alastair noted that in the CCG’s case, this equated to the Primary Care Commissioning Panel (PCCP). He added that legal advice had been sought in relation to membership of the PCCP and confirmation had been received that the membership is appropriate. Dr Porter concurred with Dr Bicknell’s suggestion that it may be beneficial to have independent GP representation on the PCCP.

   Alastair noted that the policy offered an alternative proposal, which was to not include GPs on the PCCP, but to establish a separate GP-led Clinical Advisory sub-Committee of the PCCP. Dawn commented that the CCG already effectively has this in the form of the Clinical Council. Dr Abbott queried if similar topics were discussed at the PCCP and Clinical Council meetings; Dawn clarified that this was not the case.

   Dawn noted that an evaluation of the PCCP is scheduled at a development session which is due to immediately follow the main May meeting, where representation could be discussed.
It was also agreed that the Clinical Council’s comments would be incorporated into the CCG’s response to the consultation.

Alastair noted that practices do currently publish average earnings as a contractual requirement. Dawn noted that this requirement is not related to any of the delegated functions.

Alastair suggested that the matter is taken back to cluster boards for further discussion, that it is added to the GP Bulletin and that it is raised with the Primary Care Hub via Lynette Daws.

Dr Porter reported the CCG’s 2015/16 Annual Assurance meeting with NHS England is scheduled for Friday 22 April, which will include discussions on the CCG’s Sustainability and Transformation Plan.

Dr McLachlan closed the meeting at 12.30 pm.

Date, Time and Venue of Next Meeting

Wednesday 18 May 2016
9.30 am – 12.30 pm
Boardroom, Standard Court