

**Primary Care Commissioning Committee (PCCC) Committee in Common (CIC)**

<b>Date of Meeting</b>	22/03/2018	<b>Paper Number</b>	Item 4
<b>Title</b>	Primary Care Operations Group (PCOG) Report		
<b>Sponsoring Director</b> (name and job title)	Fiona Slevin-Brown, Director of Strategy and Commissioning		
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	PCOG attended by: Priya Kumar, Lalitha Iyer and Jo Greengrass		
<b>Author(s)</b>	Ann Bryant, Commissioning Support Officer, Primary Care  Emma Reeves, Project Support Officer, Primary Care		
<b>Purpose</b>	To appraise the Primary Care Commissioning Committee on the work of the PCOG		

**The Primary Care Commissioning Committee is required to (please tick)**

<b>Approve</b>	<input type="checkbox"/>	<b>Receive</b>	<input checked="" type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input checked="" type="checkbox"/>
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<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Risks highlighted in paper
<b>Legal implications/regulatory requirements</b>	None for this report
<b>Public Sector Equality Duty</b>	None for this report
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>	<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and</p>

	<p>sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>
<p><b>Strategic Fit</b> <i>Primary Care strategy and Other relevant strategies</i></p>	<p>Reflects primary care strategies, Frimley STP ambitions and federation strategy to work collaboratively where possible.</p>
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Non-decision making – no current delegated responsibilities</p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Deputy Director of Quality Nursing &amp; Safety is part of the Joint Operations Group</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Engagement in accordance with the conflicts of interest guidance</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Non decision making group but work is underpinned by primary care strategy that is built on patient insights.</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i> <i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>

## Executive Summary

The aim of this paper is summarise the work of the Primary Care Operations Group (PCOG) for co-commissioning to date covers:

Delegation:

- The transition to delegated responsibilities has been challenging however the volume of experience achieved in 9 months has been exceptional. There remain shared arrangements with NHSE Finance team at least until October 2018 and closer relationships with our local NHSE commissioning team is also paramount going into 2018/19.
- To support practices with more knowledge around the expectations from a contractual perspective the team will be sharing cases in the weekly member's bulletin and CCG website to help with reoccurring queries, such as responsibilities on the registration of patients, partnership changes and resilient triggers.
- Primary Care Dashboard: Feedback from the PCOG group suggested that cervical screening data should be added as well as practice workforce. The proposal has been shared with some PRG members to show them the current state of the dashboard and for their feedback. It was also identified that a CRM database was required so that all relevant information could be gathered in one place (for example: contractual changes, forms, mail merge, etc) to help aid practice visits. Providers for this database were currently being looked into with the wider contract database under development with the CSU.
- The interpreting services for East Berkshire area was currently commissioned by NHS England. PCOG agreed to keep the current NHSE contract rather than re-procuring through the delegation transition plans.
- A summary of contract changes since October 2017, to be included going forward in the PCOG report to PCC CiC:
  - **Symons Medical Practice** had made a boundary change application. It was confirmed that there was no change to their patient list or neighbouring practices and therefore was recommended to PCCC.
  - **Claremont and Holyport Surgery** - Dr Alison Poutney retired as senior partner of Claremont and Holyport 1<sup>st</sup> October 2017. Dr Perihan Colyer, is now the named signatory on the GMS contract. Partners from the 1<sup>st</sup> October 2017 are: Dr Perihan Colyer, Dr Ian Nock, Dr Huw Thomas, Dr Kiran Judge, Dr Sarah Smart, Jane Wardle
  - **Datchet Health Centre** - Dr Harish Bijjala resigned as partner of Datchet Health Centre on 1<sup>st</sup> January 2018. Partners from the 1<sup>st</sup> January are: Dr Mick Watts, Dr Nicola Wallbank, Dr Ruth Ferguson.
  - **Runnymede Medical Centre** - Dr Gwen Lewis resigned as partner of Runnymede Medical Centre on 17<sup>th</sup> October. Partners from the 17<sup>th</sup> October 2017 are: Dr Adrian Hayter, Dr Julian Howells, Dr Manjinder Uppal, Dr Charles Walker
  - **Green Meadows** – Dr Arjun Kainth was now a partner at the practice (was a salaried GP). Partners from 1<sup>st</sup> October 2017 are: Dr Andrew Fanning, Dr Narinder Dass, Dr Mandy Robertson, Dr Lucy Gardner, Dr Vinay Uppal and Dr Arjun Kainth.

#### Enhanced Access:

- General Practice Access Fund (GPAF) contract have been extended for 18 months agreed under a single tender waiver supported through Governing Body in January 2018. The current providers have all been informed, and are being supported to develop schemes that achieve the required criteria for the NHS England specification for 2018/19.

#### General Practice Outcomes Framework - Locally Commissioned Services Update:

- Pre Diabetes specification has been supported to be added to GPOF 2018/19 to identify and support those patient in general practice who have been identified as pre-diabetes.
- The current Cancer LCS was going to be replaced in 2018/19 with two separated LCSs which looked at quality improvement in prevention as well as early diagnosis and cancer care reviews.
- Business Planning and Clinical Commissioning Committee agreed the new LCS for Anticipatory Care as a cornerstone element of the Integrated Decision Making model for east Berkshire. Investing an additional £1.6m per year for two years. The LCS group have supported the development of this service including the review of the monitoring and payment arrangements.
- The CEPN project manager for East Berkshire, Samreen Aslam is leaving at the end of March 2018, and we'd like to thank her for the energy and enthusiasm she brought to the role. All CEPN workstream/projects were still going ahead and would be business as usual.

#### Lower Limb Service (including Leg Ulcers):

- A meeting had taken place with acute trusts, district nurses and practice staff to discuss the new lower limb project and the current pathway. It had been agreed that the current Bracknell model would be the best model going forward as there had been lots of good staff and patient feedback. The service would include hubs across the area with specialist staff and clinics. A business case was currently being put together.
- Primary Care Premises: The first primary care premises sub-group had taken place on Friday 2<sup>nd</sup> March. Some practices have been awarded through the Minor Improvement Grants process; these were awarded specifically around Infection Control requirements by the CCG and NHSE.

#### Finance Report highlights:

- A thorough discussion also occurred around the year end investments for 2017/18 to be paid out of reserves. The PCOG group have recommended the investments to the value of £385,745. (Annex 1)
- A draft list of investments for 2018/19 to support general practices and to deliver the Primary Care strategy have been drafted for consideration at PCOG in March 2018.
- Month 11: It was also identified that there had been an increase in practices claiming locum costs for maternity leave and long-term sick cover, especially in Bracknell and Ascot area. This increase could have been due to a recent communications going out to practices highlighting the claiming of locum costs.

#### **Recommendation(s)**

The PCCC is asked to receive and approve this report, including:

1. Year-end investments for 2017/18 to be paid out of reserves. The PCOG group have recommended the investments to the value of £385,745.
2. The notification of contract changes

