NHS
East Berkshire
Clinical Commissioning Group

Minutes of Primary Care Co Commissioning Committee
(held in private)
Wednesday 9th May 2018
12.00 – 13.30
Ascot Suite - Copthorne Hotel

Chair – Clive Bowman

In Attendance:	Initials	Job Title & Organisation
Clive Bowman (Chair)	CB	Lay Primary Care Representative, Slough Locality
Sally Kemp	SK	Lay Governance Representative, B&A Locality
Mike Connelly	MC	Lay Member Slough CCG, Lay Member PPI Slough Locality
Hayley Edwards	HE	Senior Commissioning Manager – Primary Care
Arthur Ferry	AF	Lay Governance Member, WAM Locality
Karen Maskell	KM	Lay Member, B&A Locality
Nick Spence	NS	Contract Manager, NHS England
Alex Tilley	AT	Associate Director – Primary Care
Dr Jim O'Donnell	JoD	Clinical Chair, Slough Locality
Ricky Chana	RC	Commissioning Manager – Primary Care (Presenting)
Azma Ali	AA	GP Clinical Lead – WAM Locality
Apologies:		
Cllr Dale Birch	DB	Bracknell Forest Council
Jim Kennedy	JK	Local Medical Council Representative
Cllr David Coppinger	DC	RBWM
Natasa Pantelic	NP	Slough Wellbeing Member

Item No	Item	Action
1	**Welcome and Apologies**	
	The Chair (CB) welcomed all committee members to the first Primary Care Co – Commissioning meeting running as East Berkshire CCG. The meeting was not quorate as there was no clinical representative or executive member currently present. The Chair declared that when we come to a decision we will revisit quoracy and if not quorate, we will use the regular decision making process outside of the meeting.	
2	**Declarations of interest**	
	The declarations of interest for today's meeting included: o JoD who is a local GP – this was noted. o AA who is a local GP – this was noted. o SK has facilitated two workshops in her private capacity for the Ascot Practices which relate to the Heathwood and Ben Lynwood Schemes and likely to provide one more. The Chair stated that as we are not dealing with specifics in the case of these two topics, there would be no need to exclude SK from the meeting. Therefore no actions to be taken by the Chair.	
3	**Minutes of the Last Meeting held March 2018**	

	Minutes for March's Meeting were approved by the Chair – The Chair was happy to express that these minutes were detailed and required very few amendments. The Chair expressed thanks to VS.	
4	**Action Log / Decision Log**	
	There have been issues with displaying excel spreadsheets on diligent. AT thought it may be useful if anyone in the Committee has any recommendations on how to use diligent for this committee in a useful way. **Action: Any positive recommendations of using excel related information in diligent for this meeting.** All current actions are on schedule. ○ **Action 24**: Replacement for our panel is now complete; Natasa Pantelic is now our new Slough Wellbeing Member. **Action closed** ○ **Action 25**: Future clinical representation will remain as the three locality GP clinical leads. This month was WAM's turn to represent, but as Adrian Hayter was unable to attend today, his replacement AA will be attending. The rota will keep going, but what we haven't done as of yet is notify any one of that rota, which is why it is currently amber. **AT to update the action log.** ○ **Action 26:** To only invite a Lay Member when there is specific conflict information and manage the conflict of interest policy we would need to bring in Lay representation. It was noted that the word 'Lay' was used too loosely and the CCG should make it clear that they are present in meetings as being paid to represent. ○ **Action 27**: Lay Member involvement will only be utilised in sub committees where a conflict of interest applies. **Action noted.** When asked what is required from the Lay Members, the Chair expressed he would like his fellow Lay Members to use their professional judgement in the scrutiny and oversight of the decision making, which is our governance accountability. Although CB is not on the membership for PCOG he has an open invitation to join the meeting. CB will be copied into all PCOG meetings for information to support the PCCC. AA arrived for the meeting; therefore for quoracy purposes we now have a formal clinician present in the meeting. Actions from the Minutes: ○ SK's action: noted as complete. **Action closed** ○ VS's action: noted as complete. **Action closed** ○ CB's action: noted as complete. **Action closed**	AT
5	**Primary Care Risk Register**	
	The Chair requested assurance that the primary care risk register is reviewed regularly.	

	PCC2: SK had a question in regards to the workforce item workforce development and sustainability. SK was conscious that Samreen Aslam has left the Primary Care Team and therefore wondering who the risk owner was for this. AT explained the position is under recruitment at the moment. AT and JO are holding the risks and the work plan for CEPN. Job descriptions and recruitment have been advertised internally at the outset, including out to federation members for the first time. Three positions have been sent out for recruitment. This includes admin time as well as Samreen's position. Primary Care will retain the workforce development part of CEPN which will feed into the ICS and the Quality Team will lead CEPN on the other parts. The Chair noted that some of the dates on the risk register have now passed, could we please ask whoever is required to refresh the register to please update. PCC24: The Committee commented that it is encouraging that we have found a potential provider and requested further details. AT clarified the provider is the East Berkshire OOHs provider. They are also integrated into other parts of the system where patients who need additional support would be entering and are waiting for a work type cost of model to be able to meet the specification that we have had at this committee previously. They have asked for a further two weeks.	
6	**GPFV Delivery Assurance**	
	PCOG Report In the executive summary it states that a group of locally commissioned services have been changed, and they are going to be put forward to the PCCC for approval. The Chair queried that this has not happened in our assurance mechanism. We need to be more diligent with the locally commissioned services coming our way. The chair was happy to accept these recommendations; however would like to see this in a more formal way next time please. A suggestion to the executive team for these reassurances to be made clearer for LCS and their approval process going forward. The Primary Care Premise Subgroup: The committee asked if there is a plan to bring anything back to the PCCC formally around needs assessments, what GVA Limited are going to do, the planning application etc. AT clarified that the Infrastructure plan will be brought back in October 2018 with the final outcomes of the needs assessment, and these will be seen at the Governing Body and other decision making bodies. Note: Representation from Slough in this group is currently not specific – Ann Bryant will be looking into this. SK wanted to say thank you for all the hard work and extent of this work coming from Primary Care.	

Highlight Report

The three ETTF lines on this report are likely to be red. AT suggested that the next time we meet, to look at these three lines in more detail. To see the progress of those in green and amber would be helpful. The full report does come as part of the PCOG papers and it may be useful to add the Chair to the PCOG distribution to get these routinely.

The Chair is recommending they appear formally in the PCCC papers so the assurances are in place that the document is viewable to all. Due to the problems with how diligent is presenting the paper, it is recommended to email the spreadsheet to all the members of the Committee in future.

KM has been getting many calls from patients regarding the phlebotomy service, patients have been going the urgent care centre but being turned away has there been a change in how the phlebotomy service has been commissioned and does it need to be communicated? If SK could discuss these concerns with AT outside the meeting, however nothing has changed in terms of how the urgent care centres are running.

As we go forward we will take feedback as to how many documents we need at the Committee and what kind of assurance is required.

DF entered the meeting; for quoracy she is an executive member of the committee.

Primary Medical Service Contract Variations and Changes – RC

We received an application from Forest Health Group and Boundary House Surgeries to merge their practices; these are two practices in the Bracknell and Ascot locality. They are currently called Forest Health and have two sites. Boundary House has one site. They propose merging and keeping all three of those sites open, so accessible to all their patients' at all three sites and would cover each other's boundaries.

Some of the intended outcomes of the merger are that once they combine, they will become more sustainable in the future, enable more access to patients and also access to a wider skill mix. Forest Health has expertise in minor surgery and is also a teaching practice. In terms of resilience for the practice, having that wider workforce will reduce the use for locums and also share the extended hour's provisions.

RC has followed the Primary Care Advice and Guidance which has various steps that the CCG must go through when we receive an application.

The proposal is under the merge and it would operate under the Forest Health name, Boundary House would cease to exist but under that arrangement their payment to Boundary House would not automatically follow, so we need to guarantee to Boundary House that they will continue to receive their payment as a merged practice as well as Forest Hill receiving payment. They both also receive temporary resident payments so for the same reasons we need to guarantee to Boundary House that they will still be receiving these payments under the merger. Sometimes when practices merge, their QoF payments can become misconstrued because of the IT system change and they may suffer a detriment. If they in fact drop in achievement then we would not guarantee that payment, but only the payment that would be caused by the issue of merging systems.

The chair pointed out that the documentation was very thorough and exceptionally detailed.

Some of the documentation was not viewable to some of the committee members. Given that some of the Committee had seen the papers and some had not, it was

	asked that the decision be differed to via email with the mechanism of decision making at width of this meeting. Comments from the Committee were asking if patients will have the right to stay at the geographic location of choice, and this was confirmed. KM explained that the two patient groups have very strong members and will have gained the require support to move forward sensibly. In regards to MPIG payments, they will only be for a year or two and this is not a future problem. **Action: The Committee is agreeable on Merger of Forest Health and Boundary House to be recommended, subject to the paper being supplied to SK and KM. SK and KM will be responding via email.** The paper will be resend to the whole committee. **Finance Report – for noting** o A general question was in regards to overspending which is mitigated by reserves, however the Committee was wondering what the plans were to review the budget setting going forward. o AT explained that the CCG intends to release reserves at different times in the year and initiatives to do that around self-care, funding into the LCS' this year. **Recommendation from Committee: It would be useful for the next meeting to have a planned paper with appendix of what those initiatives are and the ball park investment levels we are working towards, assuring the committee of the risks of releasing that money into that investment.** KM was disappointed to not see the spreading of PPI in the finance budget. **Action: AT to have a discussion with Viki Wadd (VW) to discuss as to how this sits.**	
7	**Primary Care Transformation and Commissioning Plans 2018/19**	
	Presentation delivered by AT. Going into 2018/19 the presentation is an update on strategy and also how we link into the integrated care system. Once the tracker has been signed off by PCOG this will tell us what the milestones are locally in addition to the ICS ones to recognise that we have also been doing above and on top of the LCS. **Action: The tracker and milestones locally to be brought back to the next PCCCC. AT will articulate the risks we have in our current set up.** **Action: The PPG acronym to be changed to 'Patient Groups' on the slide for a better understanding of patient input.** The presentation was found helpful and well set out. JoD praised AT and the Primary Care Team for this piece of work. **The presentation was approved by the Committee with recommended changes.**	
8	**Infrastructure Plan – Phase one**	

	○ This is a draft infrastructure plan bearing in mind our conversations around needs assessments will come back to this committee around June/July time. ○ Primary Care is currently in phase one of the infrastructure plan. ○ The presentation was noted and AT took questions. **Meeting closed at 13.25.**	

Date of Next Meeting: In Public
Wednesday 11th July 2018
12.00 – 13.30
Easthampstead Park Conference Centre