

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

Date of Meeting	11/07/2018	Paper Number	Item 7
Title	Primary Care Operations Group (PCOG) Report		
Sponsoring Director (name and job title)	Fiona Slevin-Brown, Director of Strategy and Commissioning		
Sponsoring Clinical / Lay Lead (name and job title)	Clive Bowman Lay Chair PCCiC		
Author(s)	Emma Reeves, Project Support Officer, Primary Care Alex Tilley, Associate Director, Primary Care		
Purpose	To appraise the Primary Care Commissioning Committee on the work of the PCOG		
The Primary Care Commissioning Committee is required to (please tick)			
Approve	<input type="checkbox"/>	Receive	<input checked="" type="checkbox"/>
Discuss	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Risks included in Primary care risk register		
Legal implications/regulatory requirements	None for this report		
Public Sector Equality Duty	None for this report		
Links to the NHS Constitution (relevant patient/staff rights)	<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>Strategic Fit <i>Primary Care strategy and Other relevant strategies</i></p>	<p>Reflects primary care strategies, Frimley STP ambitions and Primary care Network plans to work collaboratively where possible.</p>
<p>Commercial and Financial Implications <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>Recommendations are made onto the PCCiC</p> <p>Date Deputy CFO sign off</p>
<p>Quality Focus <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 & Safety is part of the Primary Care Operations Group</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Engagement in accordance with the conflicts of interest guidance</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Non decision making group but work is underpinned by primary care strategy that is built on patient insights both locally and nationally</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: 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 providing assurance around progress and setting out recommendations to PCCiC:

Practice Resilience and Sustainability

Outcomes from the practice resilience scheme were now being sent through from practices, a final report will be presenting at the August PCOG. Some of the feedback from 2017/18 investments included:

- Opportunity for practices to take up initiatives around the GPFV 10 High Impact Actions (HIA), through the Time for Care Programme with NHSE, or via the Primary care Network GP Transformation Plans
- Team building days in practice with external facilitators to help with strategic planning and workforce planning mapping.
- Shreeji practice: analysed the prevalence on babies who had disabilities assumed due to closely related parents. From this work support groups had then been set up to help these families and provide more awareness on the matter, reducing the demand on practice through encouraging self-care and support.

It was suggested that for 2018/2019 allocation of resilience funding would be a targeted approach where there were specific resilience issues identified within practices. To support the emerging Primary Care Dashboard and the Practice Resilience register will be developed to be more proactive and predict areas of vulnerability in our services.

It had also been identified that a lot of the Time 4 Care and GPFV High Impact Actions initiatives overlapped. Surrey Heath CCG has expressed an interest in join us in future programmes with NHS Time 4 Care which had been agreed by NHS England. In July practices have had the chance to develop and refresh skills around effective changes management through a two day course, the feedback has been excellent for these tow session and we plan to engage in these again.

An application for a second cohort of Productive General Practice, a practice based Time 4 Care initiative, for 11 of our practices has been made into NHSE. The outcome will be known by the end of July. The first cohort gained some significant team and more efficient ways of work through this programme, they have become champions for the scheme.

Workforce Development

One of the three CEPN posts currently vacant had been recruited to, this being an internal appointment to the CEPN manager post and applications have been received for the practice development lead, still to be appointed.

Workforce data collection exercise is being support through the ICS GP Transformation Workstream to employ a person to work directly practices on workforce development data collecting or backfill the administration time taken to complete it in the practice and reporting into the ICS Business Intelligence lead. A shared post across the Primary care Networks was support at June CEPN board to take forward discussion in practices and PC Network subsequent to the data collection.

Non-Clinical Staff development; PCOG agreed that non-clinical staff training would take place at the same time as BASE/STEPS/EPIC which would be mapped to the 10 HIA elements. Work was going to be carried out around whether patient signposting and Making Every Conversation Count (MECC) training could be combined to reduce duplication. It was agreed that funding for this would come out of the 2017/2018 reserves instead of the PCC

subscription practices did not want. Final costed proposal for August 2018 PCOG.

Extended Commissioned Services

A Locally Commissioned Services (LCS) process mapping paper was reviewed by the group to formalise the current process used, this was to help move forward to the new 2020/2021 LCS framework to be adopted across the ICS.

There had been one provider come forward who showed an interest in taking on the Special Allocations Service (SAS) for East Berkshire which was EBPCOOH, expression were received from one other provider, however on review of the required service specification they withdrew. It was also identified that for a temporary period patients that were in the SAS would have to be registered at the Chapel Medical Centre, Upton Hospital. The SAS contract would be added to the existing Out of Hours APMS contract with EBPCOOH through a contract variation, as the infrastructure required for the provider to deliver the SAS service is in place only as long as the provider delivers the OOH and SWIC services. Therefore the contract duration would have to be in line with these services.

The early outcomes from the new pilot scheme around the homeless population in B&A locality were shared, which overall had been positive. There were currently weekly clinics taking place at a local church as well as lunchtime clinics at the salvation army in Bracknell. This service had just begun in WAM locality and it had been reported that the service was having a good uptake. Due to location issues within Slough locality this service has been pushed back until a new suitable location was found, this was a top priority. Evaluation on all three schemes for consideration as a commissioning intention will be subsequent to a minimum of 8 weeks of services provision.

GPAF in Slough: A selection process had also taken place to shortlist a future Slough GP lead service provider for the extended hours service, to move more resources to front line clinical care and less in the infrastructure of running four delivery points as is currently the model. There were five practices that showed an interest but on the 20th June 2018 a practice was finally selected and has been recommended to PCCiC in July 2018. The remaining significant risk to the implementation of this service model is highlight on the risk register around integrates IT infrastructure for the services to be able to access full medical records for all Slough patients subject to patient consent.

Infrastructure

The group were sighted on the terms of reference for the GP Information Management & Technology (IM&T) Steering Group and it was agreed that this steering group would report to PCOG/PCCiC like the Primary Care Quality Improvement Group did. The next meeting will be held on 6th June and a presentation will be drafted for the PCCiC meeting in July 2018, providing an outline and the possibilities for patients and practices.

The following updates were given on the Estates Technology and Transformation Fund (ETTF) projects, in June the NHSE lead and representation from the Due Diligence provider, Pick Everard attending site visits for all ETTF schemes. Further support on issues particularly relating to the constraints set out in the current Premise Regulations in relation to funding arrangements is expected in early July from NHSE:

Britwell - This project was very complex with current leasing arrangements and options for practices to merge within it. There continue to be issues around the available funding models with the key partners and meetings continue to be held to resolve these issues following escalation. Pick Everard had been appointed to carry out due diligence report to ensure construction and future lease costs were financially viable and advice being sought with NHSE as any decisions made could set a precedent on other proposed schemes in the locality and also undermine the "One Public Estate" ethos. Submission of the Outline

Business Case in due in August 2018, by which time the risks and issues require resolution.

Ben Lynwood Site – Planning permission not yet considered by RBWM, however this plan was going to the next planning meeting on 5th September 2018. The Ben Lynwood trustees had also added the requirements that a pharmacy was included in the planning permission as well as the maximum number of 120 parking spaces, the CCG has passed on NHSE advice on the local needs to additional community pharmacy provision. Ben Lynwood are currently drafting head of terms for the project which will be included in the Outline Business Case to be submitted in July 2018

Binfield –Bracknell Forest Council and Binfield Parish Church lead on this development at the previous Blue Mountain Golf Club site (the site Binfield surgery would move to). The CCG and practice are were working collaboratively with Bracknell Forest Council and Binfield Parish Church to complete the Project Initiation Document (PID) for this project to ascent from cohort 3 to cohort 2 in order to attract ETTF funding to move this project. The revised drawings of the two options outlined in the PID were going to be reviewed and Bracknell Forest Council to determine whether this was a redevelopment/refurbishment of existing clubhouse or new build - subject to cost analysis.

Heatherwood Site - Stakeholder meeting was held with Ascot practices, some progress made on working collaboratively and what services could be delivered from which site. This work would be picked up through the steering group sessions scheduled for June 2018. Outline business case template was shared with practices and would also be progressed through steering group meetings. Confirmation from Frimley Health that the allocated space for the proposed GP Surgery was 900sqm and the layout was disjointed, awaiting final confirmation from FH. There was not enough space allocated for the current proposed plans, therefore an options appraisal will need to be carried out with the stakeholders. NHSE had advised that they would support the postponement of this OBC until all the issues on the Heatherwood site had been resolved and they would review Ben Lynwood OBC independently.

Members Engagement

There had been a request made for a practice manager to also attend PCOG, this request was agreed as it would help with engagement and transparency. This attendance would be on a rotational basis between each locality and it was confirmed that this would not affect the quoracy of PCOG, and was supported to go forward to invite interested Practice Managers.

Finance and Investment

Meetings were taking place to formalise the scheduling release for the investment schemes which were being funded out of the 2017/2018 reserves pot. FSB confirmed that investment for the anticipatory care planning LCS would be required from PC reserves; this was agreed in principle by Business Planning and Clinical Commissioning and was in the region of £300k in 2018/19. PCOG supported this proposal subject to the agreement for release of reserves process and confirmation of the funding arrangements for the LCS.

More detail provided in the PCCiC Finance Report

Notification of contract changes

Orchard Surgery – Dr Naeim Asaad had resigned from the surgery as partner on 31st March 2018. The partners left at the practice were: Dr Nazaff Adam, Dr Sajid Ali, Dr Asif Ali and Dr Suffian Jabbar.

Sandhurst Group Practice - Dr Kreven Moodley has retired from the practice on 31st March 2018. The partners left at the practice were: Dr Simon Brown, Dr Anita Vakil, Dr Chris Boardman, Dr Rohail Malik, Dr David DeKlerk, Dr Nilesh Kanjaria, Dr Varsh Joglekar, Dr Emma Joynes, and Dr Agnieszka Papciak.

Recommendation(s)

The PCCC is asked to receive and note this report.

Chairs Use Only

Any known conflicted committee members from Declarations of Interest register?

Yes – Dr Lalitha Iyer has an indirect conflict under the ETTF Britwell development. Recorded at PCOG.