

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

<b>Date of Meeting</b>	14/11/2018	<b>Paper Number</b>	Item 5b
<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)	Clive Bowman Lay Chair PCCiC		
<b>Author(s)</b>	Emma Reeves, Project Support Officer, Primary Care  Alex Tilley, Associate Director for WAM & Primary Care		
<b>Purpose</b>	To appraise the Primary Care Commissioning Committee on the work of the PCOG		
<b>The Primary Care Commissioning Committee is required to (please tick)</b>			
<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"/>
<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 included in Primary care risk register		
<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</b> <b>(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 Health ICS ambitions and Primary care Network plans 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>Recommendations are made onto the PCCiC</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 Primary Care 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 both locally and nationally. PCOG holds delegated authority from PCCC for investment aligned to national GPFV initiatives aligned with existing PC strategy.</p>
<p><b>NHS Outcomes</b> <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

This paper summarises the work of the Primary Care Operations Group (PCOG) providing assurance around progress and setting out recommendations to PCCiC:

### 1. Practice Resilience Funding

A bid for the 2018/2019 practice resilience funding had been submitted (1<sup>st</sup> October 2018) to NHSE to the value of £64,000. A provisional priority list of practices for this funding was being made.

### 2. Productive General Practice (PGP)

It was identified that the provider previously used for the PGP had gone out of business. A new provider (Qualitas Consulting) had been found by NHS England; however it meant that the current timeline for the second cohort had been pushed back by at least one week. HE was working with the practices and new provider to ensure the new timeline and transitional stage ran smoothly.

### 3. WAM Social Prescribing

There had been some GDPR issues identified around WAM practices sharing patient and medical information with the social prescribers. This was due to the prescribers being employed by the CCG rather than the practices and that they were not covered by any of the regulated bodies. Extensive work had been carried out on how to resolve these issues as well as being discussed at length at the social prescribing governance meeting. It had been agreed that the current process around data sharing would need to change and prescribers only having access to practice's appointment books. The CCG are sponsoring ongoing investment into general practice for the wellbeing co-ordinator role, preferably through Better Care Fund in support of the wider Integrated Care programme.

### 4. Primary Care Estates

It was confirmed that the OBCs for the three ETTF schemes were being submitted at the end of October. All three schemes were still considered as red risk areas on the highlight report due to the impact they would cause if not successful. PCCC will be asked to consider and support the submission of the Outline Business cases for the following three schemes in November and December in line with the decision making process for the committee.

- **Britwell** - The GP premises would be located where the current Britwell Community Centre Children's Centre was to be relocated and would include a small new build extension for additional space. The revised NHSE funding flows and new process for transferring capital investment amounts within the public sector would reduce the project and financial risk and should resolve the issues around the abated market rent for Slough Borough Council and Slough Urban Regeneration. The OBS will be submitted to NHSE on 12<sup>th</sup> November 2018 for feedback, this documentation will be share with PCCC in November subsequent to submission. The timeline has been put under pressure due to the requirements to commission services from the District Valuer and NHSE clarification on the revised funding options. The project has been rated amber with the OBC submission progressing positively.
- **Heatherwood** – A stakeholder meeting held with Ascot practices take place with 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 September and October 2018. The outline business case would be submitted to NHSE for feedback and panel consideration in early November 2018. NHSE had agreed that they would accept the business case as long as the financials

had been signed off, the rest of the OBC could be finalised and PCCC make a decision on support for the scheme, during the six week window whilst NHSE went through the KLOE's.

- **Ben Lynwood** - OBC submitted as separate paper for PCCC approval, OBC submitted on 7<sup>th</sup> November to NHSE, following executive finance support.
- **Blue Mountain** – modern purpose build medical facilities design for Binfield surgery co-located with community provision with Binfield Parish Council at the Bracknell Forest Council Blue Mountain development. OBC to secure capital investment from NHSE as a late scheme accepted as a new cohort 2 scheme, is due at the end of November 2018.

#### 5. Local Commissioned Services

##### **Serious Mental Illness (SMI) LCS**

This new LCS was discussed at both September's and October's PCOG meeting, which was around practices carrying out annual healthchecks on patients who had SMI. At September's meeting a discussion occurred around whether the payments were set at an appropriate level. RC agreed that he would consult with practices on the payment rates and would report back on findings. At October's meeting it was confirmed that two practice managers and a clinician (all from different localities) had been consulted and the following rates were proposed:

- £120 for a basic healthcheck (the patient attended the practice for the healthcheck)
- £150 for a home visit healthcheck (which included travel)
- £30 for a DNA rate (where the clinician had attended the patient's home but the patient did not answer)

The group agreed to the following principles for the new SMI LCS and would recommend to PCCC for approval:

1. The appropriate rate of remuneration for the service;
2. A different rate for health checks carried out as home visits compared to at the surgery;
3. The principle of funding DNAs for home visits;

##### **Dermatology LCS**

FS-B gave an update on the dermatology LCS / business case. The original business case was approved quite some months ago, which entailed commissioning a community dermatology service but there had been quite a lot of resistance from practices even though there had been clinical engagement and the rates had already been increased. She confirmed that Sangeeta Saran and the planned care team were currently working with practices to work up a different rate and resolve issues.

#### 6. General Practice Access Fund (GPAF)

The Slough GPAF had now changed from having three providers to one provider from 10<sup>th</sup> September 2018; this new provider was Bharani Medical Centre. The transition process/stage was still ongoing and going well. There had been some feedback from practices around when appointments for the service were made available but this was being looked into and raised with the practice. This service provides significant access to phlebotomy for Slough residents, utilisation needs to be increased.

There was also work being carried out around the advertising of extended hours service due to the national drive in improving access. KN was working with the urgent care team to ensure messages going out to the public were combined.

## 7. Winter Planning

The winter planning timelines had now been published by NHS England and the primary care team were currently linking with the urgent care team and communications team to ensure the NHSE assurance template was completed accurately and on time. Discussions occurred around practices opening over the Christmas and New Year period and it was recognised that although services at practice level would not be at full capacity over the Christmas and New Year period (especially Christmas and New Year's eve) there needed to be some staff at practice sites during all core hours to help relieve the pressure across the system. Communications to practices around this message was going out soon. This position has also been supported with surrounding CCGs and Local Medical Committee.

It was also confirmed that there would be some additional funding for practices to help with winter pressures to increase capacity (the amount not yet known) and it was asked that the primary care team ensured that practices had resilience plans in place over this time. All locality members meeting with be considering the measures for winter pressures in general practice through the November meetings.

## 8. Delegated Functions

### **Notification of contract changes:**

**Datchet** – Dr Ruth Ferguson had left the practice as a partner. This left the following partners at the practice: Dr Michael Watts and Dr Nicola Wallbank.

**Crosby House Surgery** – Dr Louise Pealing had joined the practice. The other partners at the surgery were: Dr Gurdip Hear and Dr Mike Hoskins.

### **Ringmead Branch Closure Request**

The Ringmead practice had put the following requests to the CCG:

- Their branch surgery (Great Hollands site) ceased to deliver clinical sessions and shut the reception area on Friday afternoons, resulting in the site being completely closed every Friday afternoon.
- Both of their sites closing at 13:00 on both Christmas eve and New Year's Eve.

The group were not supportive of the branch site being completely closed on a Friday afternoon as reception services still needed to be provided and it was decided that further reviews of the practice's performance would need to take place before the decision of not delivering clinical session was made. From the practice's requests it was discovered that the Great Hollands site had not been providing clinical sessions since September 2017 anyway. The request to close earlier on Christmas and New Year's eve was deferred at the time as the CCG had not yet decided their approach to practices for this period, this has now however been made clear to all practices.

### **Forest Health Practice Merger**

Further assurance on status of the responsible manager registration with CQC has been requested as has the closure and lessons learnt exercise with the practice. This has now been re-scheduled from November to early December 2018.

### **Pipeline under delegated functions:**

Post Payment Verification process – Jan 2018

Contract change applications expected – merger x1 and branch closure x1 – Jan 2018

Audit report action plan – Jan 2018

## 9. Business Cases

At October's meeting two business cases were put forward to the group for their approval, these business cases were:

- Support to the Primary Care Networks (PCNs) – to be paid out of the reserves budget
- Uplift of contract value for Bharani Extended Hours Service – to be paid out of the GPAF budget

### **Primary Care Networks**

The business case was requesting that the PCOG approved funding for two further posts (one as a Band 7 Project Manager and one as a Band 6 Business Support Officer) in the primary care team on a two year fixed term basis to help support the Senior Commissioning Managers with their work into the PCNs and support specific projects relating to specialist areas. For example: establishing a SAS appeals process or engaging with practice on productive general practice. Funding for these roles would be from the reserves budget. There was a further additional post to be added to the team; however this was a permanent role and funding for this role had already been established. This investment was supported following a further conversation with the CCG AO on other support arrangements under development.

### **Contract Value Uplift**

The Bharani M.C requested that their contract value was increased from the original amount set out in September 2018. This was to help with the administrative burdens that had occurred around some of the system limitations identified following an IT deployment. These costs were not covered in the current contract value. The total amount requested from the practice was £71,161.54.

After discussions at the meeting the following was decided/approved:

- **Patient Registration process** of £ 13,418.50 prorated to end of March 2019 and to be reconsidered for 2019/2020 financial year
- **PG Admin time** of £32, 760.00 prorated to end of March 2019 and to be reconsidered for 2019/2020 financial year

The following was not approved:

- **Admin time transfer consultation when session holders have been changed** of £5,592.04.

The following required more information:

- **Staff annual leave costs** of £11,005.44.
- **Medical secretary processing referrals and general admin for practices** of £8,386.56.

## 10. Homeless Pilot Scheme

The group was circulated a report on the outcomes from the homeless pilot scheme on Windsor, Ascot and Maidenhead locality. It was agreed by the group that a business case would be compiled and supported so that this scheme/service could be permanent due to the positive feedback received on the pilot.

Further delays have been experienced in Slough Homeless scheme, however the CCG is confident that the pilot will be underway for the Winter period.

## 11. Finance and Investment

The following points were raised:

- The primary care budget was still forecasted to come in on budget.
- A possible further risk was identified around the GP pay ward. This would be a cost pressure of £450,000 to the CCG.
- An allocation of £50,000 had also been put aside for practices around the CAS alert

audit on docman 7. This would help practices that had to provide additional admin support in the audit.

- ICS income to support practice in submitted workforce data and Primary care networks (PCN) to have support to draft and develop their PCN plans

#### 12. GP IT Group

Prioritisation of existing projects underway with pipeline process agreed for new projects, majority of projects remain national 'must do' initiatives. IT policies and procedures have been reviewed and supported through the meeting in October 2018. Statement of works to develop options appraisal for future SMS provision for general practice patients.

**Online Consultation** contract have now been signed for east Berkshire and Surrey Health, a shared project group has met for the first time and will support the implementation and initial monitoring of outcomes. Membership includes patient representative, communications lead, project management and practice representatives. Expected that WAM locality will be an early adopter site.

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

The PCCC is asked to receive and note this report.

Specific consideration on the following elements:

SMI Health Checks – approve the commissioning to general practice of this service, business case previously approved through the Business Planning and Clinical Commissioning Committee

ETTF – agreement to operate decision making for the support for OBC submission to NHSE for the four schemes due for submission in November.