

<b>Primary Care Commissioning Committee (PCCC)</b>			
<b>Date of Meeting</b>	08/01/19	<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, 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 (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 sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities</p>		

	and patients that it serves
<b>Strategic Fit</b> <i>Primary Care strategy and Other relevant strategies</i>	Reflects primary care strategies, Frimley STP ambitions and Primary care Network plans to work collaboratively where possible.
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i>  <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>	All planned investments are included in the PCCC Finance Report provided to the committee routinely. Delegated authority from PCCC to PCOG for GPFV investments.
<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> <i>Include date the Director of Nursing has signed off the quality implications)</i>	Deputy Director of Quality Nursing & Safety is lead for the Primary Care Operations Group
<b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i>	Engagement in accordance with the conflicts of interest guidance
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	All work is underpinned by Primary Care Strategy that is built on patient insights both locally and nationally
<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>	Domain 1 Preventing people from dying prematurely;  Domain 2 Enhancing quality of life for people with long-term conditions;  Domain 3 Helping people to recover from episodes of ill health or following injury;  Domain 4 Ensuring that people have a positive experience of care; and  Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

## **Executive Summary**

The aim of this paper is summarise the work of the Primary Care Operations Group (PCOG) providing assurance around progress and setting out recommendations to PCCC:

## **Locally Commissioned Services**

### **Slough Whole System Services (SWSS) LCS**

This LCS was still under development after feedback from Slough providers and PCOG members which would also be taken into account. Future updates were scheduled on this LCS for January 2019.

### **Dermatology LCS**

This LCS had been in the pipeline for a number of months, however following feedback from the providers on the financial rates a revised rate had now been worked up and agreed November's meeting. It was identified that this approach taking to establishing an acceptable new methodology for costing services should be considered for future services and presented to PCOG by the planned care team in early 2019. It was identified that any future services which needed new tariffs another proposal would need to come through PCOG and the LCS working group, through a clear procedure.

## **General Practice Outcomes Framework (GPOF)**

The 2019/2020 framework had already been circulated to the executive team and shared with members for their feedback. The general consensus was that the current structure of the GP outcome framework did not work that well for both the commissioners and providers; this included the invoice process, audit requirements and lengthy service specifications. To move this framework forward proposed principles had been compiled and were waiting to be sent out, we were also looking at extending contracts to be more than two years. PCOG agree a draft letter to go out to providers notifying them of improvement and planned changes to the GPOF in 2019/20.

The CCG executive team had also requested that milestones for 3, 6 and 12 months were implemented during 2019/2020 for the CCG to achieve. These milestones were supported at PCOG;

- Jan 2019 – improvements to GPOF process and changes to specifications
- April 2019 – new process implemented with practice, CCG and CSU
- October 2019 - All LCS to only include measurable outcomes and new costing methodology review
- Jan 2020 - Fully automated activity search and activity payment enabled for LCSs, inter-practice/PCN referral governance designed and PCN commissioned services were scale is necessary as standard commissioning approach.

## **Improved Access to General Practice (IAGP)**

The CCG received a request from Radnor House who are a practice in the WAM locality to have some of their GPAF appointments delivered at Boundary House Surgery (currently B&A locality GPAF service location) instead of King Edward Hospital (one of WAM's GPAF service locations). The request was due to the practice being closer to the Bracknell GPAF location and there not being good transport links to Windsor from Ascot, this consequently meant that there was a low uptake of GPAF appointments from patients at the practice. It was proposed that a pilot took place during the winter period where 70% of Radnor House GPAF appointments were used at B&A GPAF. It was confirmed that no extra funding was required for this pilot and it would come out of GPAF budget allocation. B&A members have been informed of this pilot.

### **Primary Care Estates**

All ETTF schemes were down grade to AMBER (except Binfield) and this is due to three key areas, these were: planning permission and lease arrangements, all assumed to be required for the full business case. Binfield RED rating is due to lack of progress in securing the funding from ETTF in 2018/19.

**It was also confirmed that the OBC for Heatherwood and Britwell development had been submitted to NHSE, following PCCC approved via the 'pink' route of decision making outside of committee.**

The Ben Lynwood OBC submission was made in October and was scheduled to go to NHSE panel in early 2019. The Binfield / Blue Mountain development had their PID refreshed and re-submitted.

### **Primary Care Quality Improvement Update**

It was identified that a high rotation of practice managers within the area. Jo Greengrass and Hayley Edwards were looking into the reasons why and what could be done. This issue had already been raised on the risk register under workforce.

There had been some issues with the flu vaccination this year, especially the vaccination given to patient aged 65 or over. This was due to practices running out of the aTIV vaccine (given to those 65 and over); however surplus stocks from other practices were being identified to help with demand. There had already been an increased uptake of children having the vaccine compared to last year but exact are not yet known.

The Chapel Medical Centre and EBCOOH completed their new registration with CQC as separate entities. It is expected that these services will receive a CQC visit in the near future due only to the change in registration.

### **Business Cases**

There were a further four business cases brought to PCOG for recommendation of approval from PCCCiC. The amounts asked for in each business case is in the headings.

#### **Social Prescribing (WAM ONLY) - £214,080**

This SP pilot had been running since May 2018 and was funded by BCF but due to the uncertainty of BCF money for 2019/2020; the PC team were looking into committing some funds to mitigate the risks on the service through the PC reserves (WAM) to keep the service going into 2019/20 subject to a service outcomes evaluation. This funding would retain the current social prescribers aligned to WAM practices and an additional member for 3 days per week as a project manager. It was highlighted that if money was announced for BCF for 2019/2020 before March 2019 then the BCF team would complete their own business case.

After an in-depth discussion around this business case and due to concerns raised it was decided that PCOG would defer this until a further evaluation was undertaken taking into account the following concerns

- The service was expensive compared to other areas of the country providing a similar service, either through third sector or local providers.
- It was felt that the service was an extra layer on what was already there in the voluntary sector
- This service was creating an inequity for patients and practices in the other two localities in East Berkshire.

It was agreed that at February's PCOG meeting with the service evaluations and the equity gap between localities addressed this business case would be looked at again.

**Following on from PCOG in November, the RBWM/WAM Better care Fund have supported**

**the continuation of the funding as the current budgeted level.**

#### **GP Chambers - £50,000**

We had received feedback from practices around their difficulty in finding locums to cover backfill. WAM PCN had agreed to design the chambers up for WAM (from existing money in their transformation plan) and then roll this GP chambers out across East Berkshire with the money requested in this business case. The idea of these chambers was to help and support practices assisting them maintain professional standards through proper recruitment procedures when locums join, systematic feedback systems, and educational & significant event analysis (SEA) meetings. All chambers locums would remain self-employed. It was projected by FWAM that after 6 months this chambers scheme would be self-funding. **PCOG recommended the setting aside of £50k pump priming for an East Berkshire GP Chambers, and will be released following a more comprehensive project plan with all east Berkshire PCNs in support.**

#### **Winter Pressures Scheme Offered to Practices - £369,312**

This business case was put forward to help practices cope over the winter period demand and complexity of cases. The investment would help with having additional appointments (based on last year's activity) and capacity in practices and to help with the system wide demand. The scheme would be for 16 weeks starting 7<sup>th</sup> January 2019 to 16<sup>th</sup> April 2019.

It was confirmed that these appointments did not have to be GP appointments but any trained professional within the practice. Each practice will be required to submit their activity on a monthly basis and then payment would be sent once received.

**Due to the urgency and scale of this business case action was taken via the 'pink' route of decision making outside of PCC committee, following which this business case was approved.**

#### **Communication and Engagement Support for Practice Mergers/Closures - £16,420**

The comms team currently carried out a significant amount of work around supporting practices which were closing (branch practices) or merging. It was identified that there will also be significant changes in the pipeline in 2019 the comms team would possibly need to employ another member of staff to help with this and arrange materials to support such changes with practices. This business case was to help cover any support and was a top up from funding given out of the delegation budget. **PCOG recommended these funds be made available to the CCG communication and engagement team on behalf of the support being offering into practices to assure good standards of engagement.**

After discussions around how much support practices were given during times of crisis it was highlighted how important it was that we patient engagement right and that there statutory requirements on what support was given. **PCOG have forward planned a debate at the group in February to set out 'reasonable' support into practice learning from recent experiences.**

#### **GPIT Finance update**

At month 8 the GPIT budget was underspent by £120k reflecting the release of surplus accruals from previous years to support the CCG position. This was also reflected in the full year forecast, with all other items on target to meet the planned position. There remained an uncommitted budget of £308k. Further expenditure is expected on project management costs where the CCG has directly commissioned resources to expedite the implementation of projects. Any residual budget would be reviewed at the January 2019 meeting and further projects identified.

#### **Rent and Rates**

An identified overstated position on General Practice Contracts and reserves had been found but was corrected in month 8. It was also confirmed that there was an expected increase of rent

reimbursement at the Chalvey development for primary care on completion in 2020; this was agreed pre-delegation from NHSE.

Some work had been carried out around the financial impact on the CCG and practices around practice sites that had no agreement or a questioned lease with NHS PS. Recommendations and suggestions had been put forward from NHSE and the CCG were currently working through them. These recommendations included:

- Full property information around the charging schedules
- Obtain current lease agreements from each of the practices
- Confirm payments made over the three years (current year and two years previous)
- Agree the reimbursement of reimbursed items

### Capital GPIT budget

Capital funding was allocated to CCG on an annual basis for GPIT and Corporate capital (CCG IT). The CCG was required to bid for capital funding. A workshop was held on 7th December to review potential investments for Capital funds. The following were in attendance: Wishav Goel, Adrian Hayter, Debbie Penrose, Anshu Varma, Jonathan Pettit, Roy Allerton & Ryan Eldridge.

**The GPIT Capital bid for 2019-20 was submitted on 21/12/18 and was recommended as set out below.**

Capital Item	GPIT Operating Model Category	Digital category	Qty	Unit Cost	Total Cost
GP Mobile Workstation	Core/Mandated	Digitised Workforce	200	£ 2,197	£ 439,400
Patient Checkin Screens	Enhanced	Digitised Patient	56	£ 2,135	£ 119,560
Network Switch	Core/Mandated	Practice Infrastructure	10	£ 900	£ 9,000
IT Comms Cabinets	Core/Mandated	Practice Infrastructure	40	£ 2,750	£ 110,000
Patient Call Boards	Enhanced	Practice Infrastructure	56	£ 1,920	£ 107,520
Practice Health Pods	Transformational	Digitised Patient	56	£ 2,000	£ 112,000
Scanners	Core/Mandated	Practice Infrastructure	15	£ 750	£ 11,250
Unified Web Interface	Enhanced	Digitised Patient	1	£ 216,882	£ 216,882
HSCN Fibre Installation	Core/Mandated	Practice Infrastructure	1	£ 159,000	£ 159,000
Remote Working Laptop	Enhanced	Mobile Working	50	£ 628	£ 31,414
Asset Refresh	Core/Mandated	Practice Infrastructure	602	£ 75	£ 45,150
Monitor Upgrade	Core/Mandated	Practice Infrastructure	100	£ 200	£ 20,000
Cyber security	Core/Mandated	Cyber Security	1	£ 30,000	£ 30,000
Digital data loggers	Enhanced	Digitised Workforce	56	£ 200	£ 11,200
Telephony	Transformational	Practice Infrastructure	1		£ 20,000
Printers	Core/Mandated	Practice Infrastructure	56	£ 530	£ 29,680
Server Hosting	Enhanced	Practice Infrastructure	48	£ 5,200	£ 249,600
<b>Total</b>					<b>£ 1,721,656</b>

### On line consultation project- project status Amber

As part of the GP Forward View, there was a commitment made by NHS England to develop the primary care estate and invest in digital technology. For General Practice, the ambition was to support the adoption and design of technology which:

- enabled self-care and self-management for patients;
- helped to reduce workload in practices;
- helped practices who want to work together to operate scale;

- supported greater efficiency across the whole system;

The CCG had procured eConsult following an options appraisal aligned with other CCGs in the ICS to achieve the above objectives. The project implementation phase formally started in October 2018. Currently 34 out of a total of 47 practices have been approached to rollout Online Consultation with the remainder postponed until the new year. 3 practices were already Live with a further 11 in process of being mobilised. Patient champion and a robust communication plan are expected for delivery in January 2019.

The primary challenge to date was the delays in developing a standard eConsult practice workflow as a result several practices have opted to delay the Go-Live until after the new year. This had now been actioned and future delivery was expected to progress at a quicker rate.

**To Install Wi-Fi for Patients in practices across Berkshire East – project status is Red**

Site Audits were underway across practices, landing page signed off as practice own websites. CSU Network Team had raised concerns over cyber security with the virgin proposed integration solution, so further assurance work required. Current delivery had been put on hold until design had been signed off. Technical Design Review with all Key Stakeholders has been scheduled for December to resolve this issue

**HSNC- project status Green**

To Migrate east Berkshire GP Practices from their Current BTN3 to the new Health and Social Care Network

**Notification of contract changes**

None to report.

**Recommendation(s)**

The PCCC is asked to receive and note this report.

Recommendations and decisions listed below:

- ETTF Outline Business cases – Britwell and Heatherwood
- GP Chambers
- Communication and Engagement Support
- GP IT Capital Submission

**Chairs Use Only**

Any known conflicted committee members from Declarations of Interest register?

None