NHS
East Berkshire
Clinical Commissioning Group

DRAFT FOR APPROVAL IN MARCH 2019 MEETING

Minutes of Primary Care Co Commissioning Committee
(held in public)
Wednesday 14th November, 2018 from 12.00 – 13.30
The Eton Suite, Copthorne Hotel, Slough SL1 2YE

Chair – Clive Bowman

Present:	**Initials**	**Job Title & Organisation**
Clive Bowman (Chair)	CB	Lay Primary Care Representative, Slough Locality, East Berkshire CCG
Mike Connolly	MC	Lay Member Slough CCG, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance , East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Nick Spence	NS	Assistant Head of Primary Care, Medical - NHS England
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG
Jackie McGlynn	JMcG	Clinical Chair B&A Locality, East Berkshire CCG
Arthur Ferry	AF	Lay Governance Member, East Berkshire CCG
Hayley Edwards	HE	Senior Commissioning Manager – Primary Care
Mark Saunders	MS	Healthwatch (Bracknell and Ascot and Windsor, Ascot and Maidenhead)
Sally Kemp	SK	Lay Governance Member, East Berkshire CCG
Cllr David Coppinger	DC	Royal Borough of Windsor and Maidenhead
In Attendance:		
Emma Reeves	ER	Project Support Officer, Primary Care – minute taker, East Berkshire CCG
Apologies:		
Cllr Dale Birch	DB	Bracknell Forest Council
William Tong	WT	Clinical Chair, East Berkshire CCG

Item No	**Item**	**Action**
1	**Welcome, Introductions, Apologies and Confirmation of Quoracy**	
	CB welcomed attendees and members of the public to the meeting. It was confirmed that the committee was quorate for the meeting.	
2	**Conflicts of Interest/Declarations of interest**	
	CB reminded members of the committee the CCG's Conflict of Interest Policy. Declarations of Interest noted as follows: <u>Item 9</u> JMcG declared that she is a GP partner at Kings Corner Surgery. Mitigation - CB clarified that JMcG was not a voting member so she could still stay for the meeting as the business cases for item 9 were for ratification. CB reminded members of the meeting they have up to 28 days to bring any further conflicts of interest to his attention.	
3	**Notice of Any Other Business**	
	The following items were requested to be discussed:	

	• Changes in services at Bracknell Fitzwilliam House requested by MS. • Review of the invitees list for the committee also requested by MS due to recent changes. • CB also reminded the committee that the new 10 year forward plan for the NHS was now available and urged everyone to read.	
4a	**Minutes of the Last Meeting held in November 2018**	
	The minutes were agreed to be a true record and account of the last meeting.	
4b	**PCCC Action Log**	
	Action No. 3 – it was agreed that this action would be kept open as we were still waiting a decision on this vacancy. Action No. 9 – It was agreed that this action could be closed and archived. Action No. 10 – It was agreed that this action could be closed and archived. Action No. 11 – It was agreed that this action could be closed and archived. Action No. 14 - It was agreed that this action could be closed and archived. Action No. 15 - It was agreed that this action could be closed and archived. Action No.16 – It was confirmed that the risk PCIM8 had been updated, there was a presentation from AT at the meeting to show the current position we were in relation to workforce. The infection control action plan had also been sent to committee members. Action No. 17 - It was agreed that this action could be closed and archived. Action No. 18 – It was agreed that this action could be closed and archived. Action No. 19 – It was agreed that this action could be closed and archived. **Action: reflect the above in the committee action log**	ER
5a	**Primary Care Reporting – Highlight Report**	
	AF raised that in the ETTF Britwell and Ben Lynwood schemes on the report they were classed as amber due to no further commitment from NHSE following OBC submission, in the summary reporting the financial risks were stated as red. The RAG rating was discussed across the highlight report and accepted by the committee. It was agreed that these two schemes would stay as the amber rating as long as the summary description was clear on the financial risks. CB highlighted the only red RAG rating on the report, which was the ETTF Binfield scheme and it was confirmed that discussions were currently occurring with the practice and Bracknell Forest Council. F-SB and AT confirmed that we could not give an update at the moment but would do at the next PCCC meeting.	
5b	**PCOG Report**	
	AT raised the following highlights of the report, these were: • The OBC for Heatherwood and Britwell developments had been submitted to NHSE, following PCCC approved via the 'pink' route of decision making outside of committee.	

	Decision: The committee approved/ratified the submission of the ETTF OBCs to NHSE. • The RBWM/WAM better care fund had supported the continuation of the funding as the current budgeted level for the social prescribing service • Due to the urgency and scale of the winter pressures business case, action was taken via the 'pink' route of decision making outside of PCC committee, following which this business case was approved. • PCOG have forward planned a debate at the group in February to set out 'reasonable' support into practice learning from recent experiences. Extended Hours Services: JMcG said that B&A member practices were aware of the additionality in the GP Improved Access scheme including Ascot Medical Centre/Radnor House surgery in the scheme as a pilot. This proposal to B&A GP members consequently created robust discussions around how it could be an opportunity to look at locality boundaries as it may lead Radnor House wanting to use other services with Bracknell and Ascot locality (currently the practice was in Windsor, Ascot and Maidenhead locality). RBWM Social Prescribing Pilot: JMcG also raised on the social prescribing service section it stated 'WAM only', however she confirmed it covered residents within RBWM area and not just patients registered within in WAM. She also stated that she wanted to put forward her clinical support to the service due to the success it has had. MS raised whether there was going to be an evaluation across all three locality social prescribing services. It was noted that documentation had been circulated from ICS level, however this report was not an evaluation but a summary of what each of the services currently provided. MS was concerned that the CCG were committing money to a scheme which had not yet been evaluated. AT confirmed that the current social prescribing service would be going into a business case to support a substantive service in the new financial year (currently at pilot stage), which meant a service specification would be compiled and evaluation taking place. This service specification would include care co-ordination and care intervention across East Berkshire area, feeding into the integrated care decision making hubs (ICDM) with support from local authority, Public Health. AT also confirmed that any primary care funded and commissioned services going to Primary Care Networks for investments would still come through to PCC for approval, as standard processes. CB gave SK gave feedback around the GP IT sections and requested there was some evidence of transparency and fairness in the implementation and a brief description of each programme. **The committee noted the report and ratified/approved all the business cases highlighted in the report.**	
6	**Workforce Development**	
	Recently an audit had been carried out on workforce across the ICS and 43 practices out of 47 in East Berkshire completed the audit. East Berkshire had a slightly higher level of clinical staff than in the other CCGs but slightly lower levels of support staff. There was a significant risk around retiring age of workforce, especially around nurses and admin support staff; there were 39% of our workforce over the age of 55. Discussions then occurred around the pension age and it was identified that the age could be potentially higher than stated in the presentation and may not affect as many staff as we think. To help with recruitment and retention numerous schemes were in the process of being implemented, some of these schemes could be found in the workforce development update	

	paper. MS raised that although this analysis showed the amount of FTE GPs the area had, it did not show and meant that these GPs were using all of their capacity within clinic, for example GPs who carried out minor surgery sessions, CCG meetings, etc. It would be interesting to carry out another audit to see how much time each of these GPs spend within clinics at their own practice. FS-B highlighted how important it was to get the balance right between the GPs working in clinics and strategic work; we should be mindful and sensitive to this when commissioning services. AT also highlighted that the most significant part of the PC network's transformation plans were around workforce with around 60% of the plan's investment going to workforce.	
7	**PC Audit Report**	
	Unfortunately the auditor James Earle was not able to attend the meeting; however AT gave a summary of the audit outcomes provided by PWC. The general feedback from the findings was that the CCG was doing well. We just needed to make some minors implementations to make processes more robust. The three areas brought up as areas to be looked at were: • Improvements required over the development of a targeted programme of GP practice list maintenance; • No process in place to ensure equality of access and appropriate information for patients resident in a GP practice's outer practice boundary; • Ensuring up to date performance data is held to effectively monitor practice and programme performance. The committee formally accepted the audit findings report and agreed for the report to go to the Audit Committee for ratification. CB also congratulated AT and the PC team on all their hard work.	
8	**Primary Care Finance Report Month 8**	
	DF said that overall the YTD position was a favourable variance of £81k and highlighted that there was an overspend on GP seniority and locums & a underspend of GP premises payments. It had also been agreed that some of the general reserves budget would pay for the lower limbs service, 2 week waits and an ambulatory care LCS. General reserves were currently sitting at £1.6 million down from previous reporting month which was £1.9 million and this was lower due to winter pressures and PC networks support. CB requested to have assurance on the CCG meeting the financial targets to ensure all primary care investments were being used to their full potential. DF confirmed that plans were as robust and forecasted as we could. It was agreed that the unallocated reserves budget would be looked at with the next PCOG meeting and then any decisions made be ratified at March's PCC Meeting.	
9	**Ratification of ETTF Business Cases and the GP Winter Capacity Investments**	
	The committee formally ratified the ETTF and GP Winter Capacity business cases in item 5b.	
10	**Risk Register**	
	SK raised concerns over the residual risk on PCC3 and thought this rating was low, she asked whether this risk included all of the area in East Berkshire. It was confirmed that PCC3 specifically related to ETTF schemes and not general primary care premises and SK	

	was referred to PCC16 of the register which showed the overall picture of primary care estates. It was agreed that PCC16 would be updated to articulate the areas of vast development now that the needs assessment report, commissioned by the CCG had been received. SB drawed attention to PCIM7 and stated that although a large proportion of work had been done around the risks relating to Heath Hill they were still significant A discussion took place around the risk scoring on PCIM8 after CB highlighted his concern over how low it was. It was agreed the CCG would review the risk to ensure the appropriateness of the rating was checked. **Action: AT and Ann Bryant to update PCC16 to ensure risks relating to areas of vast development, including the needs assessment report were noted.** **Action: The quality and primary care team to review PCIM8 and ensure the correct risk scoring was put into place**	
11	**Minutes of GPIT Meeting**	
	For the committees information only. JMcG noted that there was going to be a re-procurement of iplato and raised that we had issues the last time and wanted assurance that the CCG were involved in this procurement process. It was confirmed that there was heavy representation of general practice at the GPIT meeting for this procurement process.	
12	**Any Other Business**	
	<u>Changes in Services at Brant's Bridge and Fitzwilliam House</u> MS raised that from yesterday there were reduced facilities for outpatients and x-rays within Bracknell and patients were currently going straight to Heatherwood with a view all outpatients for Bracknell going to Brant's Bridge. FHFT had been contacted regarding this issue and they had confirmed that the Trust had contacted GP practices in the area in October 2018 regarding this change; however there didn't seem to be any patient consultations undertaken or other organisations contacted. FS-B confirmed that there had been some correspondence with their Trust over the services at Fitzwilliam House and had requested from the Trust a copy of the quality impact assessment. It was agreed that this would be dealt with in the Quality Committee meeting as this was not a primary care matter. <u>Review of Invitees List</u> MS raised that Lisa McNally was currently on the invitees list but was leaving, it was agreed that local authority would be contacted to find a relevant replacement. **Action: AT/FS-B to contact Public Health, Bracknell Forest Council to identify a relevant replacement to attend PCC meeting instead of Lisa McNally.**	
13	**Question(s) received in advance from the Public**	
	Public Question: Can we please have an update at the meeting from the commissioners on the funding and progress of the new Bracknell and Ascot `Primary Care (or GP) network and what services for local patients have actually been funded? **Answer:** The following initiatives have been funded through non-recurring funds through the Bracknell and Ascot Primary Care Network; this mirrors the investments in other areas. Delivery phases on the following:	

	• Implement the NHSE Clinical Pharmacists scheme – creating more capacity to address demands on the services – In practices – meds optimisation, medication review and discharge summary • Workflow optimising systems in all general practices reducing the unnecessary burden of document management on GPs – releasing time for care- Implemented in all practices, BPC offering help to practices to enhance the use of workflow optimisation tool • Share policies and processes across practice reducing variation across practices- GP Team net- in progress • Working with Patient Forum members on prevention and personal responsibility around self-care- BPC attending patient assembly , regular updates with Alan • Home visiting service across clusters of practices as scale – created more capacity to address demands on the services: SCAS engaged, Paramedics recruited, clinical pathways workshop in December with B&A members. Pathway to be finalised next Thursday at members with the service to go live during the first week in February. Three practices also opted to withdraw some funds from the locality plan and implement MSK first contact practitioners.	
	The meeting concluded at 13:30.	

The next meeting will be held on Tuesday 12th March 2019 from 12.00 – 13.30
De Vere Beaumont Estate, Burfield Road, Old Windsor SL4 2JJ