

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

<b>Date of Meeting</b>	12/03/2019	<b>Paper Number</b>	Item 5
<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 PCCC		
<b>Author(s)</b>	Emma Reeves, Project Support Officer, Primary Care  Alex Tilley, Associate Director for 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</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 STP 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>Recommendations are made onto the PCCC as detailed in this paper</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 to provide assurance and guidance around quality</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</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**

The aim of this paper is summarise the work of the Primary Care Operations Group (PCOG) providing assurance around CCG delegated responsibilities for primary medical services and provide assurance on the progress across programmes in line with the Primary Care Strategy and Transformation Plans.

## **Highlight Report Summary**

### **Primary Care Network and Transformation Plans**

The primary care networks had now been added to the highlight report aligning the GPFV transformation plans with PCN plans.

Bracknell and Ascot: First contact practitioner (MSK) scheme in three practices in Bracknell has been carried out the outcome report is expected in March.

ICS has supported a local project to scope and design an extension to the homeless service within B&A to reach other 'hard to reach' and vulnerable groups within the population. This growth also included dental treatment and social aspects associated with these kinds of groups.

Windsor, Ascot and Maidenhead: All networks have been recommended to work with NHSE directly on the Time 4 Care work streams around reducing pressures in general practice and quality improvement approaches. WAM PCN have taken up this opportunity and are working productively with the NHSE programme around back office functions at scale with practice managers, and the locality also have a couple of Quality Improvement champions.

ICS has supported two local schemes for WAM PCN in relation to new ways of consulting with patients, Group Consultations in Maidenhead and additional practice level support from PCN for the online consultation project. The CCG will be funding the online consultation proposed via PCNs in east Berkshire from the GP IT budget.

Slough PCNs: Focus on reducing variation and designing models for same day general practice have been supported by the ICS to progress PCN led projects.

It had also been agreed that all GPFV transformation plan would be extended to June 2019 under a variation to the existing Memorandum of understanding to give networks time to complete their evaluation and delivery stages.

### **Premises: Minor Improvements Grants (MIG)**

The majority of 2018 MIG schemes had now been concluded with NHSE to improve infection control requirements in general practices. One outstanding scheme for Heath Hill site is being used to 'make good' the premises at health hill practice in relation to health and Safety and fire risks.

### **General Practice Information Technology**

A contract had been signed with a provider for the e-consultation workstream and was currently being rolled out across east Berkshire practices. Communications to patients and the general public were currently underway.

### **ETTF Premised Developments**

- Britwell – Written confirmation from NHSE had been received that the Britwell OBC had been approved. The IT element of the project was now underway and the primary care team were arranging to get all other elements into place.

- Ben Lynwood - Written confirmation from NHSE had been received that the Ben Lynwood OBC had been approved. The biggest hurdle now was around planning permission. A media statement was being compiled and would be circulated soon.
- Binfield – This scheme was a red risk due to the OBC still not being submitted due to it being put on hold just before Christmas. The reason for this hold was around whether enough funding was available for the scheme. The OBC was now back and up after discussions with Bracknell Forest Council. At February's PCOG meeting a copy of the MOU between East Berkshire CCG, (representing Binfield), Binfield Parish Council and Bracknell Forest Council. The purpose of the MOU was to set clear responsibilities of all three parties and the new project group, including reporting lines.
- Heatherwood – Radnor House & Ascot M.C and Green Meadows had now visited the new development and it was felt that the site could accommodate both practices. Questions were raised around the future capacity/sustainability of the two practices and it was confirmed that due to the growth of technology and new digital modelling this would not be an issue.

#### Social Prescribing: Windsor Ascot and Maidenhead/RBWM

PCOG received two reports from the Self Care and Prevention team in relation to models implemented in different areas across the ICS. A task and finish group to be set up across east Berkshire including the ICS project lead, East Berkshire networks and unitary authorities so that clear pathways and outcomes were designed.

#### Locally Commissioned Services

The General Practice Outcome Framework variation notice letter had been issued to all practices setting out the changes and introduces new and retired service specification. The current GPOF is being reviewed with the 5 year GP contract framework identifying risks and opportunities. The outcomes of this piece of work to be presented at Executive Management Team in March.

The first PC Provider Liaison Group meeting taking place in February, which has replaced the commissioned forum to include primary care networks and practice management representatives.

Gynaecology LCS: A new Gynaecology LCS has been approved for recommendation by PCOG. The service enabled practices to insert IUCDs for non-contraceptive reasons. It was identified that practices were carrying out these procedures without payment due to public health only carrying out the procedure for contraceptive reasons. The discussions included:

- There needed to be more information around patient experience and benefits using the service in the outcomes
- Conflicts of interest within the provider liaison group, has been managed through a clinical steering group with an acute consultant attending to ensure good decision making.
- The cost for the actual procedure would be the same rate as the public health tariff but the follow up rate should reflect the different expertise required. It was also suggested that the high risk cohort of patients (those who require extensive follow up care) could be separated and practices could charge an increased block for this cohort. Some queried the necessity of the follow up activity under the specification.

**The PCOG recommend that the new Gynaecology LCS was approved at PCCC level.**

#### Improved Access to General Practice

Homeless Service Pilots: Drafted service specification and KPIs for the homeless service was presented to the group for feedback following the review of the current services, which are showing improved access for these patients.

**PCOG were asked to support the extension of the current three services within the**

**Improved Access to General Practice allocation, this was supported for a further 6 months.**

#### PwC Audit Action Plan and Practice Website Audit

The action plan from the PwC audit was viewed at January's PCOG meeting and it was agreed that the documentation could go to the Audit Committee for their approval.

**(Appendix A: Primary Care Delegation Audit Action Plan 2019)**

Delegation: An audit on practice websites is underway to identify best practice and areas requiring improvement in the following areas:

- the national GPAF promotion campaign
- Practice's e-declaration correlates with the practice website
- Contractual obligations around the patient leaflet information is available on the website
- Confirming the practices had sufficient information on their website around urgent care and same day service arrangements.

The outcomes to this audit would be made available in March to PCOG.

#### Slough Healthwatch Report

PCOG considered two reports produced by Slough Healthwatch; one around DNAs in general practice and accessibility to general practice report. It was suggested that the accessibility report could potentially be used as supporting information in the application of minor improvement grants and raise health & safety issues. Both reports were shared with the Primary Care Quality Improvement group providing direct feedback to HealthWatch members of the group.

#### Reduced Hours at Branch Practice Policy

A new policy was reviewed by PCOG which was around practices requesting to reduce their core opening hours at their branch surgery. It was decided that there would be generic principles and questions for such requests but all applications would be taken on a case-by-case basis. This approach to the CCG would also indicate fragility in the practice and may require resilience support.

#### Vulnerable Practices Support

PCOG considered the level of support given to practices that were classed as vulnerable and the lessons learnt from previous cases. It was agreed that a framework and operational flowchart would be devised for future cases, ensuring that there were clear, defined stages within the framework before the CCG terminated their contract. There were currently three practices on our vulnerable practices list, rating red in the risk rating.

#### Finance

The EETF schemes and the severe impact they had on the reserves budget was also discussed, especially around the disparity of funding allocations between those practices in the EETF scheme and those who were not. It was also confirmed that work was being carried out the financial planning for the 2019/2020 budget against the new framework. NHSE final plan was being submitted on 4<sup>th</sup> April 2019.

Further work on the investment of reserves and plans for 2019/20 will be carried out in March and share to PCCC in the finance report.

#### Rent Review Disputes

After discussing a current rent review dispute, it was agreed that all disputes relating to rent reviews would come to PCOG for their input and approval. The General Practice Premises Group has been dissolved due to the focus on the wider Estates Strategy and resources

required to complete successful ETTF application for existing applicants.

#### Primary Care Quality Improvement Update

It had been identified that engagement into the training hub between the four networks varied, especially within Slough. Work was in progress to reduce this variation.

CQC ratings 2018/2019 were as follows:

Practice	Report Date	Rating
Binfield	18/06/18	Requires Improvement
Magnolia House	28/09/18	Good
Gainsborough	28/12/18	Good
242 Wexham Road	28/07/18	Good
Datchet H.C	24/07/18	Good
Radnor House & Ascot M.C	02/07/18	Good
Cedars Surgery	24/12/18	Good
Symons M.C	17/08/18	Good

#### Notification of contract changes

**South Meadow** – Dr Sandhya Tyagi added as a partner effective from 1<sup>st</sup> January 2019. The partners at the practice were: Dr Jonathan Brudney, Dr Kirstin Ostle and Dr Nuzhet A-Ali.

**Sandhurst Group** – Dr Varsha Jogelkar had resigned from the surgery as partner on 31<sup>st</sup> December 2018. The partners left at the practice were: Dr Simon Brown, Dr Anita Vakil, Dr Chris Boardman, Dr Rohail Malik, David DeKlerk, Dr Nilesh Kanjara, Dr Emma Joynes and Dr Agnieszka Papciak

**Ringmead and Heath Hill** – Ringmead Medical Practice have accepted the dispersed list of the Heath Hill surgery population effect on 1<sup>st</sup> February 2019.

#### Recommendation(s)

PCOG recommend to agree:

- ii. the new Gynaecology LCS was approved at PCCC level
- iii. extension of six months to the three locality Homeless Projects under the Improved Access to General Practice programme
- liii. action plan as submitted to the CCG Audit Committee in January 2019

## **Appendix A: Executive summary and action plan:**

### **Primary Care Commissioning – internal audit outcomes and action plan**

PwC completed an internal audit on the Primary Care Commissioning governance for the 3 CCGs, the report was published January 2019.

Areas of good practice noted in the report include:

- The Primary Care Commissioning Committee (PCCC) & Primary Care Operations Group (PCOG) terms of reference (ToR) identify the roles and responsibilities for discharging primary care contract oversight and management functions, as well clear instructions for quorate decision making;
- The Primary Care Dashboard and Programme Reports include performance information to enable decisions on primary care contract oversight and management.
- East Berkshire CCG (EBCCG) have defined clear roles and responsibilities for contract oversight and management functions, as well as documenting how they will identify and manage any conflicts of interest;
- The Special Allocation Scheme (SAS) specification and supporting contract show that there are processes in place to provide primary care to qualifying patients and there are necessary security measures for the protection of staff whilst being supportive of the patient;
- The CCG have shown that evidence from the Care Quality Commission (CQC) is being taken in to account. Documents reviewed show CQC involvement, in particular the Heath Hill Surgery Merger Action Plan where CQC are included in the process, have a channel of communication and impact an action plan after an inspection;
- Where practices have merged a remediation plan is put in place to enable a successful merger in place and monitored weekly. This helps to mitigate any issues with safety, quality and performance of the practices under being merged.
- Where a practice is proposed for merger, there is evidence that a communication plan is in place to consult with stakeholders, inclusive of patients effected.
- Decisions for mergers have taken in to account the CCG's public sector equality and healthy inequality duties, evidenced through equality impact analysis for a practice merger and the inclusion of health inequality and equality information in a remedial notice provided by EBCCG as part of the merger process.

The audit noted 3 areas which required further action due to limitation of scope in compliance with the national requirements. The action plan below details the 3 areas with actions and timelines.

**Action Plan for the 3 findings:**

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
<b>1. Improvements required over the development of a targeted programme of GP practice list maintenance</b>					
Ensure the practice list maintenance is appropriately managed to reflect changes in the population.	<p>CCG to support NHSE in the list cleansing exercise of a rolling programme over a 3 year period.</p> <p>A targeted programme focussing on practices whose geography include attributes that suggest a higher risk of over-or under-stating the number of patients, e.g. the construction of a large housing development or a highly mobile population.</p>	<p>Regular audits promoting accurate representation in practice patient lists.</p> <p>Monitoring on housing developments and student populations on the PC Dashboard reviewed quarterly at PCOG.</p>	31 March 2019	Hayley Edwards	
Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
<b>2. No process in place to ensure equality of access and appropriate information for patients resident in a GP practice's outer boundary (Rating: Medium)</b>					
To develop and implement an agreed Local Access Policy for General Practice.	<p>Work with Frimley ICS on the Governance arrangements for their local access policy and use this outcome to assist an EBCCG local policy.</p> <p>Phase 1 is a consistent offer for under 5s across General Practice. Developed through the PC networks.</p>	A local access policy to ensure practices provide equity of service to patients registered in their outer boundary.	March 2020	Alex Tilley	

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
<b>3. Ensuring up to date performance data is held to effectively monitor practice and programme performance (Rating: Medium)</b>					
To produce good quality data in a range of areas.	Complete the development and testing of the Primary Care Dashboard.	Primary Care Dashboard, reviewed quarterly at PCOG.	April 2019	Alex Tilley	