



Primary Care Commissioning Committee (PCCC)			
Date of Meeting	14/05/19	Paper Number	Item 5a
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</p>		



	<p>taxpayers' money and the most effective, fair and 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 the NHS East Berkshire CCG Primary Care Strategy and aligned with the ICS Operating Plan 2019/20.</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>All planned investments are included in the PCCC Finance report provided to the committee routinely.</p> <p>GPFV Investments will go through the Frimley ICS GP Transformation workstream from April 2019. Delegation to PCOG for GPFV investments prior to April 2019 remain in place.</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 lead for the Primary Care Operations Group</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. PCOG requires two clinicians for quoracy.</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>All work is underpinned by ambitions and outcomes 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:</i> <i>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 progress and setting out recommendations to PCCC:

Highlight Report

New Format to Report

The primary care team were now using a new formatted highlight report so that our reporting was in line with all the other ICS projects. Any projects funded under GPFV would be held at ICS level and governance will be provided through the ICS GP transformation workstream. The areas that this would affect were: practice resilience scheme, GP retention scheme, online consulting and reception/clerical staff training. PCOG agreed to review all primary care groups and committees in June to reflect these changes.

Annual Delegated Report

Under the CCG's Delegated Functions, set out in the MOU with NSH E, the CCG were required to provide an annual report to NHS England for assurance. PCOG members had sight of this report at March's meeting and it was agreed that the report could be made available. (Appendix A)

Post Payment Verification Process

Also under the delegated function MOU we were required to carry out a post payment verification audit on QoF payments. There would be three practices picked at random (one per locality) for the audit and would be carried out externally. PCOG members agreed for this process to go ahead, with a review in year to align with Network DES requirements for audit.

10 High Impact Action (HIA) Points Feedback

A paper was also brought to PCOG in April which included feedback received from practices around the 10 HIA points. Some good examples and stories had come from this feedback and it was agreed that at the CCG collaborative event some of the lessons learnt would be showcased to help non-engaged practices to come forward.

Binfield Practice Boundary Change/Reduction Request

The CCG had received an application from Binfield practice to reduce their practice boundary due to their current capacity and predicted population increases. PCOG reviewed the impact on the other practices overlapping the practice's boundary and also the new housing developments being planned within the area. The areas in which Binfield wanted removed was north (Twyford / edge of Maidenhead area), south east (Wokingham area) and south west (Bracknell town centre) of their boundary. Wokingham CCG had also been asked to make comments on the impact of this request, due to two of their practices overlapped with Binfield's boundary. The response from the CCG was that this change would limit patient choice as both of the Wokingham practices were managed by the same partnership.

It was recommended that the south east boundary change which included the town centre and overlapped with 8 other practices would be agreed, as it was recognised that Binfield Practice were likely to experience a considerable influx of patients due to the new housing developments in the Binfield area. Also when analysing where the majority of Binfield's current registered patients lived, they had fewer residents in the south east boundary area, as the majority of residents in that area would have registered with a practice closer to them. The change north of their boundary and south west area would not be approved due to minimal



overlapping of practices and limiting patient choice. It was confirmed that patients already registered at Binfield within the town centre area would stay at the practice, however new patients coming into the town centre would not be able to register at the practice.

Following the process set out in the Policy and Guidance document, PCOG recommended partial approval of Binfield Surgery practice boundary change. The area recommended for approval is to the south east of the existing boundary which has service provision from eight local practices securing choice of provider and good coverage for our Bracknell / Binfield population.

Locally Commissioned Services (LCS)

The following changes to services are recommended by PCOG:

Slough Whole System Services (SWSS) LCS: Work was currently being done around the revisions of this LCS with a smaller working group which included GPs from the Slough locality. It was confirmed that one of these revisions was to provide 90% funding for the clinical pharmacists for the next 12 months, this was due to the current funding from NHSE for these posts had stopped. This will be aligned with Network DES investments during 2019/20.

Discussions also occurred around the LCS being activity based rather than outcome based and also the history around this LCS. After reviewing the scope provided on the LCS paper the group agreed that there would be a reduced weighting of funding on the Slough demographic needs section but an increased weighting of funding on the Slough priorities section. This would not change the amount of funding within the PMS budget. The outcome of this review was well received in Slough Members forum.

Anti-Coagulant LCS – INR Level 4

The medicines optimisation team had carried out a costing review on the practices who did the INR level 4 LCS and it was recommended that we increased the costing from £170.03 per administer to £180.53 per administer, this was due to cost of test strips, etc. It was raised that although an increase payment into this LCS is indicated, the treatment was declining due to clinicians prescribing DOACs instead so overall in the next few years the cost would be reducing.

Long Activity Antipsychotic Injection LCS

The medicines optimisation team had also requested an uplift of payment per patient for the long acting antipsychotic injection. Currently the rate is £110 per patient and the uplift would be £210.10 per patient which meant there needed to be a total increase of £13,424 additional investment. This would improve the uptake of practices providing this injection and patients not going into secondary care, therefore supports our commissioning strategy.

AF and Hypertension LCS

These LCSs were previously funded out of the quality premium budget but only for two years. These two years were now up (2018/2019) and was looking to PCOG to recommend approval for them to be paid out of the LCS budget. Due to the success these LCSs had got, the planned care team were keen to carry them on.

Anticipatory Care Planning (ACP) LCS Update

Within this LCS there was previously an audit requirement for practices carry out. The template for this audit had now been revised, which included changes to what was inputted



for end of life patients on the template.

2019/2020 Contract Variation Letter

It was confirmed that practices were sent on 18th April 2019 the final 2019/2020 contract variation letter. Some of these variations included:

- Replacing invoices with BACS payments when activity was confirmed, reducing the burden on practices in relation to administration
- Outstanding LCSs would be circulated to practices in Q1 2019/2020, including gynaecology, referral support and updated dermatology rates.

Referral Management Specification

It had been requested by the EMT that the primary care and planned care teams look at the current referral management LCS and come up with a proposal to change the LCS from a target driven process to a quality improvement supported LCS. An implementation plan was currently being sighted by the PRG chairs, primary care leads and provider liaison group for their feedback before going back to EMT.

Primary Care Network Update

It was confirmed that each locality had discussed the new formations of networks at their member's meetings. Each practice had been informed that they would need to let the CCG know which network they intended to join at their April member's meeting so that any gaps could be identified for additional support. It was confirmed that formal applications would be received by 15th May 2019.

Due to the timescales set out by NHSE it was agreed that an extraordinary meeting would take place between PCOG and PCCC voting members on 23rd May 2019 to discuss the CCG's final application before submitting to NHSE by 31st May 2019. Ratification of this decision will be programmed for the PCCC meeting in July 2019.

Improved Access to General Practice (IAGP): Equality Impact Assessment (EIA) Summary and Action Plan

The primary care team had undertaken an equality impact assessment on the IAGP services, which originally highlighted the need to pilot the current homeless services. This exercise was repeated in March 2019 and has identified wider 'hard to reach' groups such as gypsies/travellers, sex workers and the Nepalese population. From this EIA an action plan had been compiled and was reviewed by PCOG at April's meeting. The EIA had also identified that there were bigger issues that needed addressing such as transport and infrastructure within the area, it was agreed that this action plan would also be taken to the CCG Quality Committee for their input.

Practice Website Audit Findings

The primary care team undertook an audit to review all practice's website to ensure that all mandatory information for practice leaflets were also available on websites. Two immediate issues were identified during the audit; one was around a temporary branch site closure which was resolved and another issue with a practice requesting unnecessary constraints for patients who wanted to, the practice was being contacted to resolve this issue.

It was also agreed that the repeat audit would be carried out following further implementation of the 'Digital First' initiatives as set out in the 5 year GP framework. Discussions also occurred around having a generic website platform for all website with the CCG sponsoring it (list West Berkshire CCG had done) and an accessibility tool to help patients of different



languages and dyslexia. The GP IT Steering Group will be asked to work with communications team to appraise this proposal in 2019/20.

Cancer Screening Funding

It was requested from the delegated budget there was non-recurring funding allocated in 2019/20 for two short term full time posts for the cancer screening programme, these posts would be until March 2020. It was raised that these two posts were extremely important to carry on the support of early diagnosis treatment work within the area, which have shown good outcomes in ensuring patients are diagnosed through screening at the early stages of cancer.

Rent Review Process and Decisions

The CCG had received disputes from two practices in the Bracknell area, the rate the DV was suggesting were higher than reimbursement both practices received. However, both practices have engaged an agent and had requested that the DV rates were increased by at least 9% beyond the already increase rate. There were issues around the comparisons being used to challenge the rates being applied to car parking spaces and also the rate of square meterage. PCOG agreed that the CCG should carry out this dispute due to the large variable gap between the DV and agent rates.

Primary Care Quality Improvement Update

It was raised that CQC were adopting a new format of approaching inspections and were phoning practices an annual basis asking them structured questions. CQC would then inform practices whether they would have a full inspection within the 6 months dependent on the phone call and collation of other data. Practices would then have the normal timeline of 2 weeks' notice of an inspection.

The following practices have had their latest inspection outcomes published:

- Ross Road – good
- Waterfield – requires improvement

Notification of contract changes

Green Meadows – Partner resignation Dr Vinay Uppal. Remaining partners: Dr Andrew Fanning, Dr Narinder Dass, Dr Mandy Robertson and Dr Lucy Gardner.

Waterfield – New Partner Dr Sanjeev Agrawalla. Partners at the practice: Dr Paul McBurnie, Dr Karin Nielson, Dr Nuala Morton, Dr Annabel Buxton and Dr Bumi Oso.

South Meadow – New partner Dr Sandhya Tyagi. Partners at the practice: Dr Jonathan Brudney, Dr Kirstin Ostle and Dr Nuzhet A-Ali.

Sandhurst Group – Partners who have resigned Dr Varsha Jogelkar, Dr Christian Boardman and Dr Nilesh Kanjaria. Remaining partners: Dr Simon Brown, Dr Anita Vakil, Dr Rohail Malik, Dr David DeKlerk, Dr Emma Joynes and Dr Agnieszka Papciak.

Avenue Medical Centre – All partners at the Farnham Road Surgery had now been added to the Avenue's contract.

242 Wexham Road - All partners at the Farnham Road Surgery had now been added to the Avenue's contract.



Recommendation(s)

The PCCC is asked to receive this report and support the following recommendations from PCOG:

1. General Practice Locally Commissioned services:
 - Increase the funding for Anti-Coagulant LCS
 - Increase the funding for Long Acting Antipsychotic Injection LCS
 - Payments for the AF and Hypertension LCSs to come out of the LCS budget
 - Allow funding from the delegated budget to fund two short term, full time posts for the cancer screening programme

2. Following the process set out in the Policy and Guidance document, PCOG recommended partial approval of Binfield Surgery practice boundary change. The area recommended for approval is to the south east of the existing boundary which has service provision from eight local practices securing choice of provider and good coverage for our Bracknell / Binfield population.

<u>Chairs Use Only</u>	
Any known conflicted committee members from Declarations of Interest register?	None – any declarations at the meeting will be managed in accordance with the Conflict of Interest guidance



Appendix A: NHS East Berkshire CCG Delegated Primary Care Commissioning Annual Report, 2018-19

From 1 April 2017 NHS East Berkshire Clinical Commissioning Group took on delegated commissioning of primary care services. This has enabled us to take further control of the strategic direction, planning, decision making and priority setting of primary care services on behalf of our registered population. The CCG has under this delegated authority taken control of the primary care budget and has created greater freedom within the CCG for how primary care finances are used locally.

NHS England is still carrying out functions relating to individual GP performance management (medical performers' list for GPs, appraisal and revalidation) and individual GP complaints.

Below is a table of the GP Practices in East Berkshire (as at March 2019):

	GMS Contract	PMS Contract	APMS Contract	Total
Number of GP Practices	41	4	1	46

As a result of delegation, the CCGs Governance Framework was revised in 2016/17 to reflect changes relating to primary care commissioning delegated functions and management of conflicts of interest. This was also reflected in the CCGs Constitution. The Constitution sets out the terms on which NHS East Berkshire CCG shall exercise its statutory function of commissioning services for the purposes of the health service in England. It has been agreed by all member practices.

Formal approval was given by NHS England in April 2018 for changes to the constitution, including:

- Fully delegated commissioning of primary care
- Revised guidance of conflict of interest management to comply with guidance from NHS England
- Revised roles for Governing Body members, including the appointment of a lay member as Freedom to speak up guardian.

The Primary Care Co-Commissioning Committee (PCCC) was established on 1 April 2017 and is responsible for exercising the delegated commissioning responsibilities for Primary Care services in East Berkshire. The meeting is held bi-monthly and held in public, with representation from:

Members with voting rights

- 3 Lay Members
- 2 CCG Executive Directors

Non-Voting Members

- CCG AD of Primary Care
- CCG Accountable Officer
- Director of Strategy & Operations
- Public Health Representative
- NHS England Representative
- Local Medical Committee Representative



- Healthwatch Representative
- Local Authority Representative of the Health and Wellbeing Board (Elected Member or Mandated Officer)

The Committee exercises those delegated responsibilities in accordance within NHS East Berkshire CCG's Constitution and Scheme of Delegation. The committee met eight times during 2018/19 and was quorate for all meetings.

The Primary Care Operational Group, (PCOG) is to provide assurance to the three CCGs and Primary Care Co-Commissioning Committee (PCCC) that there are robust systems and processes in place for monitoring, managing and assuring value for money, quality and safety of primary care medical service provision and for driving continuous service improvements to deliver greater patient experience and delivery outcomes for patients within the financial envelope available.

The PCOG operates under the same governance arrangement of the PCCC and covers similar standing items as the PCCC. It has a larger membership than its public counterpart, meeting monthly with representatives made up of:

- EB CCG Director of Strategy & Operations (Chair)
- EB CCG Associate Director for Primary Care
- EB CCG Associate Director of Nursing – Quality & Safety
- EB CCG Co-commissioning Programme Lead
- NHSE Co-commissioning Programme Lead
- NHSE Assistant Head of Finance
- NHSE Assistant Contract Manager Medical
- EB CCG Head of Financial Planning
- GP Clinical Leads
- Local Medical Committee (LMC) representative
- EB CCG Commissioning Manager
- Expert patient (min x1)
- Healthwatch representative

The group met twelve times during 2017/18 and was quorate for all meetings.

In February 2019, the EBCCG internal auditors, Price Waterhouse and Cooper, conducted their second audit following delegation. Overall the rating was good with 3 minor areas to improve upon. The audit outcome action plan was presented at the March PCCC Committee and agreed.

The Primary Care Team have also conducted audits on the following:

- Audit of the 28 pieces of information that must be included in the practice leaflet (as per Schedule 3 of the GMS contract, Schedule 8 of the APMS Contract and Schedule 12 of the PMS Contract)
- Audit of practice website contents
- Comparison of the practice data with their published E-Declarations
- Reviews of primary medical care services
- Decisions regarding the management of poorly performing GP practices

