

Minutes of Primary Care Co Commissioning Committee
(held in public)

Tuesday 12th March 2019 12:00 – 13:30

**The Roxburghe Room , De Vere Beaumont Estate,
Burfield Road, Old Windsor SL4 2JJ**

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
Arthur Ferry	AF	Lay Governance Member, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Jim O'Donnell	JOD	Berkshire Local Medical Committee Representative
Hayley Edwards	HE	Senior Commissioning Manager – Primary Care
Sally Kemp	SK	Lay Governance Member, East Berkshire CCG
Debbie Fraser	DF	Director of Finance, East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Jackie McGlynn	JMcG	Locality Lead B&A, East Berkshire CCG
In Attendance:		
Melissa Fitzgerald	MF	PA to Alex Tilley – minute taker, East Berkshire CCG
Areeba Wajid	AW	Project Manager, Primary Care Team, East Berkshire CCG
Apologies:		
Cllr Coppinger	DC	Royal Borough of Windsor and Maidenhead
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG
Nick Spence	NS	Assistant Head of Primary Care, Medical - NHS England
William Tong	WT	Clinical Chair, East Berkshire CCG
Mark Sanders	MS	HealthWatch (Bracknell & Ascot and Windsor Ascot & Maidenhead)

Item No	Item	Action
1	Welcome, Introductions, Apologies and Confirmation of Quoracy	
	<p>CB welcomed all committee members. There were five members from the public present at the meeting and they were thanked for their attendance.</p> <p>The meeting was declared as quorate and CB reminded the members that this meeting provided assurance for investment in primary care.</p>	
2	Conflicts of Interest/Declarations of interest	
	There were no additional Declarations of Interest noted.	
3	Notice of Any Other Business and questions from the public	
	<p>There were no notices of any other business.</p> <p>A question from the public was received, asking for an update on a meeting on recommissioning the Bracknell Urgent Care Centre, or when the current contract expires in June 2019, will all current service for patients be maintained or improved. It would be undesirable if there is a sudden change to local services such as recently happened for the Bracknell Outpatients Centre at Fitzwilliam House.</p> <p>In reply: <i>the contract for the Bracknell Urgent Care Centre currently expires on 31st March 2020 following a recent contract extension, this extension will support the development of</i></p>	

	<p><i>On the Day Urgent Care across East Berkshire. The CCG is considering how best to respond to patients with the same day need across a range of services including walk-in, minor injury and illness. Work is under way in the development of potential service models for On the Day Urgent Care. The CCG is currently taking account of the recent publications of the NHS long term plan, which is available on a public website, and the Five Year GP Contract Framework which is also on a public website, which offer exciting new opportunities to ensure that the NHS responds to patients seeking assessment and appropriate management on the same day.</i></p>	
4a	Minutes of the Last Meeting held in January 2019	
	<p>The minutes of the previous meeting were agreed as a true record of the meeting with no revisions.</p> <p>5a – update on ETTF Binfield scheme is included in the highlight report 8 – covered finance update 10 - wording change – ‘vast’ to be changed to ‘significant’ 12 – Public Health have recently confirmed replacement, MF to confirm this person invited to future PCCC meetings.</p>	
4b	PCCC Action & Risk Register	
	<p>Action No. 3 – closed. Action No. 9 – closed Action No. 14 – closed Action No.15 – closed 17, 18, 19 - closed</p> <p><u>Risk Register</u> Error noted on dating, to be looked into before next committee</p>	MF
5.	Primary Care Report	
	<p><u>Primary Care Operations Group (PCOG) Report</u></p> <p><u>Gynaecology LCS,</u></p> <p>A new Gynaecology LCS has been approved and recommended by PCOG. The service enables practices to insert IUCDs for non-contraceptive reasons, the Committee was asked to recommend and approve this LCS going forward.</p> <p>The Committee agreed ratification.</p> <p><u>Homeless Service Pilot</u></p> <p>A drafted service specification including KPIs for the Homeless Service, which went back to PCOG, and following the review of the current services which are showing highly improved access for patients, PCOG were asked to support extension of the current three services for improved access on this allocation for a further six months.</p> <p>SK asked about the funding aspect and if this was manageable within the budget. FSB assured that this was manageable.</p> <p>The Committee agreed ratification.</p> <p><u>Second Audit of the Primary Care Services following delegation</u></p> <p>HE referred to the action plan in the provided papers. Only minor points put forward, and action plan in place.</p> <p>JoD commented on the reduced hours at a branch practice policy, on page 5 of the report.</p>	

	<p>JoD highlighted the statement which said that this would indicate fragility at a practice, and may require resilience support. JoD added, for clarification, that this statement was not always true, and at one of his own premises, in order to provide a better service to the population with approval from their PPG, all of the staff on one afternoon would operate from a single site – which does not indicate fragility, but rather strength, with the practice focussed fully on a better service to that population. SB, responded by suggesting that the particular sentence wording be changed from ‘would’ to ‘could’. FSB, also highlighted that all applications would be taken on a case by case basis. The Chair added that we have a duty to ensure that there is the best care for our patients, to highlight any vulnerability at the earliest point and our risk mitigation in place.</p> <p>The Committee formally ratified the action plan.</p>	
6	Investments and Evolution	
	<p>FSB presented the Investments and Evolutions presentation to the group.</p> <p>The document highlights Primary Care Networks as the building blocks of Integrated Care Systems, putting General Practice at the front and centre of the transformation of care going forward, and talks about PCNs being the footprint of other NHS community based services, and a bringing together of the local offer focussed around PCNs, strengthened by the relationships built with partner organisations and communities.</p> <p>The registration requirements for networks must be confirmed by the CCG and supported by the ICS, investment in general practice through this construct will be aligned through networks.</p> <p>The role of networks includes dissolving the historical divide between community and primary care services, joining up the urgent care offer including Extended Hours by 2021, going digital, reducing variation, delivering the NHS long term plan goals, delivering network services equally across constituent practices</p> <p>All practices have the right to participate and will receive £1.76 by weighted registered population for actively participating in networks.</p> <p>The key aspects to consider when looking at the formation of networks, include geographical sense, constituent practices, and alignment with community services.</p> <p>The Committee noted the presentation.</p>	
7	Primary Care Finance Report	
	<p>Position largely unchanged from previous report.</p> <p>Year to date, £43k downfall, made up of underspend on GP services budget, primarily driven by premises costs where there is some slippage in ETTF schemes, which has meant that the rates bills are not as high as planned, also on enhanced services there’s not a full take up on some of the schemes so there is a saving on the cost there. Offsetting that, there’s a year to date £126k adverse position on the other primary care budgets which is the planned investments we have in the areas particularly around ICDM, LCS scheme, and some other primary care investment schemes. Overall forecast is still largely unchanged, £115k into the plan, primarily driven by one-off savings from GP IT course.</p> <p>FSB highlighted to the Committee the reserves - there are a series of reserves against the primary care budget, of which there have been identified allocations against this, which bring reserves down to close to £1.5m. Conversations ongoing on how best to invest</p>	

	these reserves in support of general practice, so this number is expected to come down significantly, ending the year with a considerable reserve. The committee noted the report.	
9	GP IT Steering Group Minutes	
	The Committee noted the minutes.	
	The meeting concluded at 13:35.	

The next meeting will be held on Tuesday 14th May 2019 from 12.00 – 13.30