



Minutes of Primary Care Commissioning Committee

Tuesday 14th May 2019

12.00-13.30pm

Copthorne Hotel, Cippenham Lane, Slough, SL1 2YE

Chair – Clive Bowman

Present	Initials	Job Title & Organisation
Clive Bowman	CB Chair	Lay Primary Care Representative, Slough Locality, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Debbie Fraser	DF	Director of Finance, East Berkshire CCG
Mark Sanders	MS	HealthWatch (Bracknell & Ascot and Windsor Ascot & Maidenhead)
Jackie McGlynn	JmG	Locality Lead, Bracknell and Ascot, East Berkshire CCG
Mike Connolly	MC	Lay Member Slough CCG, East Berkshire CCG
Arthur Ferry	AF	Governance Member, East Berkshire CCG
Sally Kemp	SK	Lay Governance Member, East Berkshire CCG
Cllr Coppinger	DC	Royal Borough of Windsor and Maidenhead
Nick Spence	NS	Contract Manager, NHS England
Jo Greengrass	JG	Associate Director of Nursing, Quality & Safety, East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Hayley Edwards	HE	Senior Commissioning Manager, Primary Care, East Berkshire CCG
Melissa Fitzgerald	MF	Minute Taker, Primary Care Support, East Berkshire CCG
Apologies:		
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG

Item No	Item	Action
1	Welcome and Apologies	
	The meeting commenced at 12.05pm. The Chair welcomed three members of the public in attendance, and declared the meeting quorate.	
2	Declarations of interest	
	WT declared a conflict of interest on the agenda item relating to Binfield Surgery and its boundaries, stating that he was a partner at the practice, and although still has an interest in the property, is not involved in the running of the practice. The Chair declared that as WT is not a voting member, the issue of voting would not apply, and further, that the purpose of the item would be to ratify a recommendation made elsewhere. As a clinician from the area in discussion, any clarification questions that WT might have would be valuable, providing WT provided no influence on decision-making.	



3	Notice of Any Other Business	
	The Chair proposed to move forward Item 11, 'Questions from the Public', to take place immediately after Item 4.	
4	Minutes of the Last Meeting held	
	<p>Page 1 – JmG title to be changed as incorrect, from 'Clinical Chair, Bracknell & Ascot' to 'Locality Lead, Bracknell & Ascot'. DF title to be changed from 'Director of Finance' to 'Deputy Director of Finance' Page 3 – On the first paragraph there is a missing word: 'not', in reference to the comment made by Dr O'Donnell on fragility/strength of practices. Also, line 'earliest point and out risk mitigation in place' – 'out' changed to 'our'.</p> <p>Subject to these changes, the minutes were marked as read.</p> <p><u>Action Log</u> The Chair highlighted an action from the minutes, under section 4a, page 2, to confirm that the replacement at Public Health to added on the circulation list of future PCCC meetings.</p> <p>16a – JoG to send annual report (from the latest Quality Committee) round to members relating to infection control. 16b, c, d – closed, updates included in the Risk Register.</p>	<p>MF</p> <p>MF</p> <p>MF</p> <p>JoG</p>
5	Questions in advance from the public	
	<p>There was one question submitted in advance, as follows:</p> <p>“Can we please have an update at the meeting on IT system harmonisation across the CCG areas, and eventually the ICS. For example, I understand there is incompatibility between the different hospital systems at Frimley and Wexham Park, and the situation is worse when considering the three ICS CCGs. The current situation would seem to be inefficient and could lead to clinical errors and delays. What is the timetable for a seamless experience for GP practices having one interface to deal with both organisations and for patients when referred to outpatient appointments.”</p> <p>FSB suggested that a formal update on the Connected Care programme, which is a programme of work addressing intercom activity between the multiplicities of IT systems within the ICS and beyond, led by Nigel Foster. There was a recent update on this work given to the ICS Leadership group, and it would be useful for an update to be given to PCCC, in the form a presentation. A specific response to the question asked could also be given in advance.</p> <p>Action – Mark Sellman to draft response to supply to the public by the end of next week, and a general update for the next or subsequent PCCC.</p>	<p>HE</p>



6	Primary Care Update	
	<p><u>PCOG report</u></p> <p><u>LCS</u> SK raised a question on the whole system services LCS item of the report - noting the 90% funding for clinical pharmacists over the next 12 months, and in regards to the network DES, would there be any risk of double-payment. HE answered – the contract DES clearly states that any payment would have to stop in order for the reimbursed role salary to be received, and therefore cannot be double-banded. The Chair added that at the Slough Members meeting at which he was present, this issue was discussed and clarity given that previous schemes and this scheme are distinct, and not overlapping. FSB added that further papers will be brought back to PCCC that will set out the requirements in the new contract against current commissioning, and plans around further commissioning of LCSs. NS added that, specific to clinical pharmacist roles, the NHS Clinical Pharmacist route has stopped and the Primary Care Network (PCN) scheme is now running. Practices that had a Clinical Pharmacist on the previous scheme can choose to either transfer schemes, or remain on the previous scheme. The Chair ended that this is a generic issue when rolling out DES and migrate across the LCS.</p> <p><u>New Format to Report, Executive Summary, Page 3</u> The Chair asked for clarity on the statement “any projects funded by the GP Forward View (GPFV) would be held at the ICS level and governance would be provided through ICS GP Transformation Workstream” – questioning whether the statement was proposal or a decision. HE answered that the GPFV investment for this financial year will sit with the ICS and then the CCGs underneath the ICS can apply for investment in various schemes, reporting to the ICS who would then provide the monitoring for the overall spend on the GPFV.</p> <p>The Committee supported the recommendations.</p> <p><u>Binfield Practice Boundary Change/Reduction Request</u> WT questioned that given the context of the workforce issues and increasing population, should there be a spread/ multiple providers for the geography. NS commented that mergers reduce the choice of practices, causing issues when a patient gets removed. As the contract holder becomes bigger, it causes difficulty for the commissioner. The practice cannot be forced to reinstate the patient (it is the right of the practice to remove patients). SK – asked for clarity on patients already in town centre - if a family member moved temporality and then later returned, would they be classed as a new patient. NS answered that this would be up to the practice. The Chair commented that this is general issue, and not specific to this recommendation.</p>	



	<p>The committee supported recommendation on southern side.</p> <p>The Committee then considered the northern side of the area. JmG highlighted a potential pressure on the practice if Wokingham and Binfield were to unite, in asking this practice to carry on accepting patient from Wokingham. FSB commented that a Needs assessment is being carried out, and there are discussions ongoing with Bracknell Forest Council, and plans in place and proposals being designed on premises development. The OBC will come back to PCCC in due course for review, in the next 6 weeks. SK added that a strategic needs assessment is coming to next PCOG, looking at sites, premises and infrastructure plans coming back in June/July which will include this.</p> <p>The Committee agreed to support the proposal for the north, and west, subject to the OBC and other material coming to the Committee later in the summer.</p>	HE
7	Finance report	
	<p>DF presented end of year report, and noted that overall underspend is £1.5m, in line with reserves showing underspend least year.</p> <p>The committee approved the finance report.</p>	
8	Risk Register	
	The committee approved the risk register.	
9	General Practice IM&T Steering Group	
	The Chair highlighted page 7b that EBCCGG is under this mechanism of PCCC assurance, and so suggested to write to chair of meeting saying that PCCC too would appreciate if the risk register for IM&T was kept updated. The Committee agreed.	AV
	GPN 10 Point Plan Update	
	<p>JG presented an update on the General Practice Nursing 10 Point Plan, detailing the progress being made on national perspective, workforce and the understanding of the skills needed in Primary Care and practice development.</p> <p>The Committee noted the presentation.</p>	
	Any Other Business	
	None	

Next meeting:
Tuesday 9th July 2019, 12.00-13.30pm
Bracknell Open Learning Centre, Rectory Lane, Bracknell RG12 7GR