



Primary Care Commissioning Committee (PCCC)			
Date of Meeting	09/07/19	Paper Number	Item 5
Title	Primary Care Update and PC 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)	<ul style="list-style-type: none"> • The NHS provides a comprehensive service available to all. • Access to NHS services is based on clinical need, not an individual's ability to pay • The NHS aspires to the highest standards of excellence and professionalism • The NHS aspires to put patients at the heart of everything it does • The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. • The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources 		



	<ul style="list-style-type: none"> The NHS is accountable to the public, communities and patients that it serves
Strategic Fit <i>Primary Care strategy and Other relevant strategies</i>	Reflects the NHS East Berkshire CCG Primary Care Strategy and aligned with the ICS Operating Plan 2019/20.
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i> <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>	All planned investments and delegated funding arrangements are included in the PCCC Finance report provided to the committee routinely. 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.
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> <i>Include date the Director of Nursing has signed off the quality implications)</i>	Deputy Director of Quality Nursing & Safety is lead for the Primary Care Operations Group. Quality issues raised through the Primary Care Quality Improvement are identified through the risk register.
Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i>	Engagement in accordance with the conflicts of interest guidance. PCOG requires two clinical commissioners for quoracy. Highlights reported through members bulletin and members meetings include planned agenda items for engagement.
Consultation, public engagement & partnership working implications/impact	All work is underpinned by ambitions and outcomes built on patient insights both locally and nationally. Service changes include the recommended engagement and communications expectations.
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>	Domain 1 Preventing people from dying prematurely; Domain 2 Enhancing quality of life for people with long-term conditions; Domain 3 Helping people to recover from episodes of ill health or following injury; Domain 4 Ensuring that people have a positive experience of care; and Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable



	harm.
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Executive Summary

The aim of this paper is to update the Primary Care Commissioning Committee on the work plan of the Primary Care Commissioning Team and the work of the Primary Care Operational Group.

Primary Care Commissioning – internal audit outcomes and action plan – January 2019

All actions from the 2018/17 Internal Audit were completed as reported to the committee in January 2019. PwC completed a further internal audit on the Primary Care Commissioning governance for the three east Berkshire CCGs. The report was published and shared with the Committee in January 2019. The following provides a summary of the audit outcomes:

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 three areas which required further action due to limitation of scope in compliance with the national requirements, one of which is completed and progress on the further two actions are detailed in Appendix A: Audit Action Plan 2018/19.



Estates Technology and Transformation Fund

Blue Mountain Development: Memorandum of understand between Bracknell Forest Council and NHS East Berkshire CCG was agreed in May 2019, setting out roles and responsibility to drive the scheme forward to an Outline Business Case presentation to NHS England for the commitment of funds. The capital investment available from NHSE is £2m, intended to develop the capacity required for the increasing population in the Bracknell/Wokingham border areas around Warfield with Binfield ward. The main issues for this scheme include:

- Costs – value for money and remaining within the capital investment levels. Current design of the community space and general practice capacity requirements are under review with architects and cost assessors.
- Provider – no current provider identified, Binfield Surgery indicate to CCG they are not able to commit to the move with the future costs of running the premises to date unconfirmed. Bracknell & District Primary Care Network have been engaged in the process of identifying a provider to progress the service model initiated by Binfield Surgery.
- Timeline – NHSE and Pick Everard to confirm the revised OBC submission date, the original date for June 2019 has slipped due to resolving the above issues. **The PCCC members are asked to consider the out of committee arrangements to consider and support the submission of the OBC for Blue Mountain development.**

Heatherwood Development: The CCG has agreed the submission date for the Full Business Case (FBC) as 28th August 2019. The remaining issues for this FBC include total costs, transport and car parking plans and timeline for planning permission to include extension of existing footprint. Additional investment from the ICS Wave Two capital programme is required for this development, the alignment of the two programmes across NHSI and NHSE are currently being determined, led by NHSE. **The PCCC members are asked to consider the out of committee arrangements to consider and support the submission of the FBC for Heatherwood development.**

Britwell Development: the CCG continues to work in partnership with Slough Borough Council on the revised needs for the site. Submission of FBC is expected in September 2019, therefore expected to be presented to the committee at that time.

Lynwood Development: CCG and Practices have agreed to submit the revised planning application in August 2019; this remains the most significant risk to this scheme. Engagement event planned for August prior to planning application to understand views of the Ascot residents. Full Business Case submission for this scheme is expected in November 2019. It is anticipated that the committee will decide on the FBC at the November meeting.

Proactive Identification and Support of Vulnerable Practice

East Berkshire Clinical Commissioning Group (EBCCG) has a total of 46 GP practices in 57 locations across eight Primary Care Networks. There are 42 practices that hold a GMS contract, three hold PMS Contracts and one APMS Contract. Patient list size varies from



26,000 to 3,500 patients, each have different staff structures, operating models and physical sites. There are also seven 'single hander' practices with patient lists averaging 5,500 patients. All of which contributes to varying degrees of sustainability and in built resilience.

The spectrum of Practices in EBCCG brings its challenges;

- Communication, dissemination of information
- Feedback (to and from the CCG)
- Proactive identification of practices facing vulnerability
- Parity (support is available, however, some practices do not identify or request it)
- Trust between providers and commissioners
- Delays in the CCG receiving information regarding changes in key practice staff (not partners) that impacts on practice sustainability.

Process and outcomes

NHS East Berkshire CCG has experienced exceptional challenging practice problems since the delegation of general practice commissioned by NHS England in April 2017. As a result of this, a review of the current reporting and monitoring processes along with proactive resilience and sustainability options has been conducted. This review has been to strengthen the CCGs approach in identifying practices that are at risk of sustainability and the CCGs response to this. Papers were submitted to the Primary Care Operations Group in May 2019 for discussion and approval.

In June, the Primary Care Quality Improvement Group (PCQIG) have also actioned the creation of a task and finish group to look at quality audits that can also be indicators for practices that are experiencing pressures on their sustainability and delivery of services. The group will commence in July 2019. The quality and primary care data will be evaluated and recommendations will inform the development of the 'trigger dashboard'.

The Primary Care 'Vulnerable practice spreadsheet' has been recreated as a 'trigger dashboard' currently being reviewed at each monthly PCOG meeting (included in confidential section) to continually review triggers which could identify earlier where an intervention may be required. The 'Vulnerable Practice Spreadsheet' included following key information to monitoring the know triggers of vulnerability in providers:

Quality & performance	CQC inspection result - Latest inspection rating
	% change in practice list size - % difference in the last 3 months
	Complaints
	QOF / PPV audit outcome - New to CCG – audits in progress
	Rate of DNAs - New to CCG – identifying methods of collation
	Appointment efficiency (Capacity & demand stats – new monitoring requirement by NHSE via the GPFV) - New to general practices (action in proactive resilience)



	paper)
	Quality and Primary Care audit visit - New to CCG – in planning
Practice Infrastructure	Workforce
	GP YTD sick / parental leave
	Practice manager status
Patient insights	FFT (YTD survey – would not rec >10% only)
Environmental impact	Environmental impact - Building ownership / lease / length of lease remaining - Service / management charges - Building capacity - New builds in the area
Contracts	Sole provider
	Change in partnership in last 12 months - Number of partnership changes and current status
	Current breach notices
Leadership	Attendance at key meetings - Non-attendance at last 3 members meetings
Business intelligence	Via networking - 'soft' intelligence
Finance	Finance - LCS claims – 'non claims' only - CQRS claims – 'non claims' only - S96 applications

To ensure timely and appropriate actions, and decisions by the appropriate committees and Executive meetings, the 'General Practice Sustainability Response timeline' was produced and agreed at PCOG in May. The process and timelines within the flowchart would be in conjunction with the 'Vulnerable Practice Spreadsheet. PCOG requested the addition of the financial framework would also be compiled so that boundaries could be set for practices that may also need financial support. This flowchart / process were agreed in principle with a working document now in place. (Appendix B – separate paper)

It was raised that not all of the funding planned in the GPFV resilience scheme 2018/2019 had been spent by 31st March 2019. Practices had been contacted on what they would find useful following their previous self-assessment tool and it was requested that it was made available at practice level to deliver a scheme of staff training to improve staff retention. After a discussion on this it was suggested that this funding would go into the transitional offer to networks in 2019/2020, where PCNs wanted to work across practice on the resilience of their members as providers. The 2019/20 GPFV allocation for practice resilience resides with the ICS, which the CCG to contribute to the options for investment on behalf of east Berkshire practices.

Focus on Locally Commissioned Services (LCS)

The following presents an impact report following the changes to the LCS' commissioned to general practice in East Berkshire for 2019/20 through the General Practice Outcomes Framework contract. **PCOG recommend the following LCS changes for approval to PCCC.**



Gynaecology Minor Procedures LCS: Summary of Amendments

There were previously two categories of activity under this LCS, each with a separate rate:

i. Ring Pessaries:

- Insertion fee £89.70 - one claim per new patient;
- Follow up £65.00 - (with a maximum of 3 follow up claims per 12 month cycle for each patient);
- Total claims is 4 per patient - one new and 3 follow up (max).

ii. Other (Cervical Polyps, Skin Tags, Vulvar Biopsies)

- £139.52 fee (includes initial consultation, any procedure, any necessary follow up per patient seen).

The service specification had been amended following a quality and finance review for 2019/20 with:

- i. A third category of ‘Difficult Smears’ added with the rate for a difficult smear by a GP had modified to reflect skill mix and time required to carry out the procedure.
- ii. Maximum total claims for ring pessaries so that the maximum number of total claims was three
- iii. Skin tags had been excluded from the specification as these should be considered under the Individual Funding Request (IFR) process for cosmetic procedures

Summary of amendments:

i. Ring Pessaries

- Insertion fee £89.70 - one claim per new patient;
- Follow up £65.00 - (with a maximum of 2 follow up claims per 12 month cycle for each patient);
- Total claims is 3 per patient in a 12 month cycle - one new and 2 follow up (max).

ii. Cervical Polyps

- £139.52 fee (includes initial consultation, any procedure, any necessary follow up per patient seen).

iii. Difficult Smears needing GP to perform it:

- £55.00 per successful smear performance (regardless of result)

iv. Non Contraceptive IUCD fitting

- £142 per patient inclusive (fitting, removal and management)

Dermatology LCS: The payments have been amended as follows, following a request to review the prices from the Providers Liaison Group on the actual costs of delivering the service. The methodology for calculating the revised pricing has been supported by PCOG resulting in a tariff for General Practitioner delivered dermatology services of £711.56 per session. These amendments have been quality and finance access for impact.

2018/19	2019/20
£50.00 per consultation	£65.52 per consultation



£100.00 per procedure	£100.00 per procedure
£34.00 per follow up	£43.68 per follow up

Also the specification now made it clear that all referrals to the provider must be received via a complete DXS referral form any other referral route would not be accepted or remunerated.

Provision of Near Patient Testing LCS: Currently this specification for shared care drug monitoring included the drug Hydroxychloroquine. The proposal was to remove this from the specification and commission as separate service from an alternative provider to monitor this drug. Guidance now recommends that the following monitoring was undertaken: ‘optical coherence tomography with ophthalmologist oversight’. GP practices are not equipped to provide this level of service, hence the needs to commission differently. Positive impact for both finance and quality were identified in the impact assessments.

Pre-Diabetes (Pre-DM) LCS: The Pre-Diabetes LCS had been running since April 2018. This specification was based on a service that was commissioned in Slough in 2014, where practices would carry out a search on their clinical systems for patients with the Pre-DM blood test ranges and only carry out an invite and review one time for them.

When this LCS was launched CCG wide last year, there was identified a need to redraft the specification to provide clarity for all providers to deliver a consistent services to patients, clarifying the level of provision patients will receive. For this LCS, practices would be required to:

1. Carry out a search on their patient list, as defined under point 3.2 below;
2. Code all patients that did not already have a Pre-DM diagnosis within the defined cohort with the Pre-DM Read code: C11y5;
3. For patients with a blood test more than 12 months old, arrange for a new blood test. Where a patient was found to no longer be within Pre-DM range, they should remain on the register for annual blood test checks, however would not be required to attend for a review;
4. Invite all patients with blood tests taken within the previous 12 months showing that they were within the Pre-DM range for a full review. As part of this review, practices were required to:
 - Offer diet and lifestyle advice and offer annual HbA1c testing as recommended by NICE. See Appendix D.
 - Offer referral to the NHS Diabetes Prevention Programme if patients HbA1c test result was in Pre-DM range 42-47 taken within the last 12 months. See electronic referral form copy in Appendix C. This was available through the DXS Diabetes landing page.

The budget for this LCS was set based on the Slough activity level at £40k across the CCG, however the actual spend against this LCS in 2018/19 was £116k. This LCS is a pilot scheme and the plan was for it to be discontinued on 30 September 2019 so that the outcomes from it can be evaluated, i.e. of the patients reviewed, how many are no longer in



prediabetes range. The quality impact assessments supported the revised approach and the value for money impact assessment identified that a continuation of the pilot to 30th September 2019 would be within the LCS budget. If the LCS continued beyond this point, a business case would be required for approval of the additional budget.

This scheme would be evaluated over the summer period, and if continued the planned care team will prepare a business case which could be considered at both PCOG and BPCC meetings.

Hypertension and AF Case Finding Blood Pressure Checks LCS: Frimley ICS have initiated a Pharmacy based service which involved input from participating GP practices. This service would provide opportunistic blood pressure screening and pulse checks in Pharmacies in areas of high deprivation and need within the ICS. The (Watch BP) checks were intended to identify people who may have high blood pressure or AF and refer them to their GP Practice for diagnosis in order to prevent future cardiovascular events. In addition to the blood pressure and pulse checks, this service was intended to provide people with brief advice and signposting to appropriate local services.

Rates:

- Pharmacy Element - £10 a patient for pharmacy to do blood pressure and pulse check and refer to GP if appropriate;
- GP Element - £5 a patient to report on whether the referral resulted in a positive or negative diagnosis.

The quality impact assessment supports the service to identify patients not currently being identified through less targeted methodologies. This scheme was signed off at BP&CC last year for £120k over two years and primary care has planned a commitment in 2019/20 of £68k from reserves.

ICS Anti Coagulation Pharmacist LCS: The ICS approved a business case in 2018/19 which proposed using specialist clinical pharmacists to review people with atrial fibrillation and a CHADSVASC score of 2 or more in Primary Care who fell into one of two categories:

- a) People not currently prescribed an anticoagulant, to discuss if initiation of an anticoagulant would be appropriate,
- b) People prescribed warfarin who had a time in therapeutic range (TTR) of less than 65% to see if the TTR could be improved or if a change to an alternative anti-coagulant would be appropriate.

The aim of this project was to reduce incidence of stroke by ensuring appropriate access to anti-coagulation locally. It was planned to utilise specialist anti-coagulation pharmacists from local acute trust to support Primary Care with this work. However, the Acute Trust was unable to respond to this due to workforce pressures. The CCG approached General Practice providers to deliver their existing anti-coagulation service provision using their clinical pharmacists or other prescribers with appropriate competence.

The potential funding was calculated based upon an hourly rate quoted by local specialist pharmacists of £62 per hour. The Provider Liaison Group supported the approach, subject to confirmation of the appropriately skilled workforce being available. The following sets out the service specification drafted through the CCG Medicine Optimisation team:

- i. Part 1: £32 to review each patient with AF and a CHADSVAC score of 2 or more who



- was not taking an anticoagulant.
- ii. Part 2: £32 to review each patient prescribed warfarin but with a time in therapeutic range of less than 65%.
 - iii. Additional outcome based payment: £32 per patient identified in the above two parts if QOF extract data for March 2020 showed that the practice had achieved a percentage anti-coagulation of 90% or more for people with AF and a CHADSVASC score of 2 or more after exception reported people had been added back in to the denominator.

The financial impact assessment confirmed no change the overall budget for this LCS, as the £62 per hours assumed 2 patients would be seen per hour, so this was just split into a £32 per patient rate. This scheme was signed off at ICS level and the funding had now been transferred to the CCG. East Berkshire CCG's share of the budget is £112k, now included in the budget for General Practice Outcome Framework.

Arrhythmia LCS: The Arrhythmia LCS was long running service for providers to fit 24 hour ambulatory ECG digital recorders (Holter monitors) for patients who were experiencing intermittent palpitations/irregular heartbeat/dizziness or other symptoms of arrhythmia. The ICS have agreed to fund an additional six Holters in east Berkshire to be added to the current capacity and to continue to commission one or two providers in each locality and provide them with the additional equipment so that they were able to put a robust and viable service in place capable of meeting the patient demand. The PCOG were asked to recommend this principle.

Quality impact assessment were favourable to this approach, whilst the financial impact assessment recognised more Holters will bring increased activity which will require flexible financial planning for 2019/20.

Reduced Branch Hours Policy

A revised version of this policy was reviewed at May's meeting and it was highlighted that this policy was compiled due to no national guidance being available at this time. It was also agreed that the policy would go to PCC (an external company the primary care team use for advice and support) for their feedback and comments.

This local policy was approved by PCOG members.

Primary Care Network Update (see separate agenda item)

Local Policy for Locum Costs

A local policy was compiled and reviewed by PCOG following the receipt of a S96 application from a practice requested financial support due in part to an advanced practitioner nurse being on long term sick leave leaving a significant gaps in capacity and capability in the practice that can only be filled by a GP in this practice.

This part of the application was denied at the time, however it did identify that due to the amount of other roles being implemented at general practice level the CCG should consider a local policy which covering long term sick and maternity/paternity pay for roles other than GPs, which are in place for general practitioners under contract regulations. It was agreed that due to the unknown financial risk to the CCG if a local policy was implemented for the wider roles in general practice and the equity the commissioner holds with all its commissioned services it was unable to support this policy at this time.



Primary Care Quality Improvement Update

The following practices have had their latest CQC reports published:

- Datchet – Good in all domains
- Redwood House – Requires Improvement in well-led
- Chappell – Good in all domains

It was also highlighted at June's meeting that a primary care quality improvement meeting across the ICS had been organised, ToRs for this new meeting were to follow in the next few months and will be shared with PCOG.

Improved Access General Practice – Reducing inequalities

Following the carrying out of the IAGP Equality Impact Assessment it was required that vulnerable group service become an integral part of the IAGP extended hours service. It was agreed that this needs assessment would be brought back to July's meeting for with a proposal.

PCOG supported the extension of extended hours contracted for all three localities for 18 months (March 2021) so that it gave time for Primary Care Networks and localities to integrate the vulnerable group service into future plans.

PCCC are asked to support the contract extension

Ringmead Group Practice

The transition of patients from Crowthorne practice since February 2019 has been challenging for the practices and CCG, with premises improvements required, patients and staff being supported through changes and assurance to CQC. The CCG has held significant risk to maintain the services for the patient of Crowthorne and in support for Ringmead. This experience has provided learning in the vulnerable practice approach outline previously in this paper. The six month review meeting of the transitional arrangements has been booked in July to confirm completion of outstanding actions and identify any further work required by the practice.

Notification of contract changes

Crownwood – Dr Prash Nelli has now become a partner at Crownwood Surgery, Bracknell. The following partners were also at the practice: Dr Venkata Rao.

Sandhurst Group – Partner Dr Simon Brown had left the practice. The following partners remain at the practice: Dr Anita Vakil, Dr Rohail Malik, Dr David DeKlerk, Dr Emma Joynes and Dr Agnieszka Papciak

Crosby House – Partner Dr Depani had left the practice. The following partners remain at the practice: Dr Gurdip Hear, Dr Mike Hoskins and Dr Louise Peeling.

Recommendation(s)

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

- LCS Changes:
 - Gynaecology Minor Procedures LCS
 - Dermatology LCS



<ul style="list-style-type: none"> ○ Provision of Near Patient Testing LCS ○ Pre-Diabetes LCS ○ Hypertension and AF Case Finding Blood Pressure Checks LCS ○ ICS Anti-Coagulant Pharmacist LCS ○ Arrhythmia LCS ● The extension of the extended hours service for 18 month (until March 2021) 	
Chairs Use Only	
Any known conflicted committee members from Declarations of Interest register?	Any declarations at the meeting will be managed in accordance with the Conflict of Interest guidance



Appendix A: PC Audit Action Plan 2018/19

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
1. Improvements required over the development of a targeted programme of GP practice list maintenance					
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	<p>Completed</p> <p>The practices list sizes are now included in the monthly 'Practice Resilience Spreadsheet'. List activity is monitored on a rolling 12 month window highlighting changes. The spreadsheet also notes future housing developments and mobile populations ie Eton College and Royal Holloway College.</p> <p>The spreadsheet is presented at the monthly Primary Care Operations Group for discussion.</p>



Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
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)					
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	<p>Ongoing</p> <p>These patients are not differentiated in the GP contract and therefore we are doing further analysis on the GP contract to determine if a policy is required.</p> <p>In the interim, no patient complaints have been received regarding this and the CCG continue to uphold the practices to delivering their GMS Contracts to all patients.</p>
Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
3. Ensuring up to date performance data is held to effectively monitor practice and programme performance (Rating: Medium)					
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	<p>Ongoing</p> <p>The Primary Care Dashboard is in development with a view of completion by April 2020.</p>