



Minutes of Primary Care Commissioning Committee PART A

Tuesday 9th July 2019

12.30 – 13.30pm

Snowdrop Room, Bracknell Open Learning Centre, Rectory Lane, Bracknell RG12 7GR

Chair – Clive Bowman

Present	Initials	Job Title & Organisation
Clive Bowman	Chair	Lay Primary Care Representative, Slough Locality, 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
Mark Sanders	MS	HealthWatch (Bracknell & Ascot and Windsor Ascot & Maidenhead)
Dr Jackie McGlynn	JMG	Clinical Lead for Bracknell and Ascot Locality, East Berkshire CCG
Nigel Foster	NF	Director of Finance and IM&T, Frimley Health NHS Foundation Trust and East Berkshire CCG
Dr Huw Thomas	HT	Clinical Lead for Windsor, Ascot & Maidenhead Locality, East Berkshire CCG
Dr William Tong	WT	Clinical Chair, East Berkshire CCG
Mike Connolly	MC	Lay Member Slough CCG, East Berkshire CCG
Arthur Ferry	AF	Governance Member, East Berkshire CCG
Nick Spence	NS	Contract Manager, NHS England
Richard Buckley	RB	Head of Financial Control and CSU Support, East Berkshire CCG
Katerina Nash	KN	Senior Commissioning Manager, Primary Care, East Berkshire CCG
Melissa Fitzgerald	MF	Minute Taker, Primary Care Support, East Berkshire CCG
Dr Azma Ali	AA	Governing Body Member, GP, East Berkshire CCG
Dr Jim O'Donnell	JOD	Clinical Lead for Slough Locality, East Berkshire CCG
Apologies:		
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG
Sally Kemp	SK	Lay Governance Member, East Berkshire CCG
Debbie Fraser	DF	Director of Finance, East Berkshire CCG

Item No	Item	Action
1	Welcome and Apologies	
	The meeting commenced at 12.00pm. The Chair welcomed four members of the public. Apologies were received from FSB, AT, SK and DF. The Chair declared the meeting quorate.	
2	Declarations of interest	
	JMG declared that the GP surgery at which she practices is a member of <i>Berkshire Primary Care (BPC)</i> , a GP Federation. HT also declared that his practice is part of the <i>Windsor and Maidenhead (WAM)</i> Federation. JOD also declared that his practice is	



	<p>part of the <i>Slough Federation</i>. The Chair confirmed that as neither JMG, JOD, AA, HT were voting members, and that the recommendation that was to be considered had already been probed through various cycles beforehand, it was inappropriate to exclude them from the meeting, and further, that any clinical detail brought into discussion would be valuable.</p>	
3	Notice of Any Other Business	
	None	
4a	Minutes of the Last Meeting held	
	<p>WT to be added to attendance list. Page 3, paragraph 1, 'double-banded' to be changed to 'double-counted'. Practice boundary change – 'should there be a spread' given that there's pressure on workforce, generically and unspecific to Binfield, multi-providers. 'Given the context and the current wider problems of workforce and the increasing size of population is an option of looking for multiple primary care providers the right thing'. Page 4, Binfield correction – the pressure is due to the continued expansion of the population both between Wokingham and Bracknell and in the north of Bracknell. Finance update – 'least year' to 'last year'</p> <p>The minutes were approved, subject to the changes.</p>	
4b	Action Log	
	<p>Updated reply – This is a wide-ranging issue within the NHS with interoperability between systems being addressed nationally as part of the new NHS Digital strategy. Locally we are doing as much as we can to ensure that a more seamless experience is provided by our professionals. We have a shared record platform that provides information at the point of care to over 2000 staff across Berkshire and parts of Surrey, and we are working hard to ensure that the care plans and the shared decisions are also available. As a part of the major EPR procurement in Frimley Heath, integration with other providers included GP surgeries is high on the list of priorities to ensure a more seamless experience.</p> <p>NF added that when the Trust was formed almost 5 years ago, there were two separate organisations with two separate IT systems. There are over 200 different clinical IT systems operating within the health Trust at present for different specialties across different sites. We are in the process of procuring, what is known in the industry as an 'electronic patient record system', which is one system which will operate across the whole Trust, rather than having different systems on different sites, which will mean the experience for Trust commissions the same wherever they go and they can work between different sites and it will enable the wider interoperability the Trust and GP has much easier. Instead of thinking about how we link into 200 different systems, there will be one way of linking into the Trust systems, which is a significant step forward. A change of that nature is not something which is going to happen overnight, we are currently part way through a procurement process. We would expect to start implementing the chosen solutions at the end of this calendar year, beginning of next and then there's probably an 18 month implementation period. We are timetabling the implementation to coincide with the opening of the new hospital being built on the Heatherwood site, which will receive patients from both the north and south of our</p>	



	<p>geography, and therefore it is not ideal to use two different systems for patients coming from two different geographies. Towards the latter half of 2021.</p> <p>OBC will come back to PCCC in due course – expected September, where there will be an item on digital matters and premises – ACTION for September PCCC.</p> <p>AV action – Chair wrote to Chairman of GP IM&T Steering Group, who are very active in keeping their Risk Register updated.</p> <p>16a – closed 21 – closed 22 – closed</p> <p>24, 26, 27 - due September</p>	
5	Primary Care Commissioning Update	
	<p><u>Primary Care Operations Group update</u> Feedback was received from the last PCCC meeting that more detailed was needed in the report of how PCOG came to decisions.</p> <p>Identification of vulnerable practices/ sustainability - The CCG reviewed processes and redesigned a timeline into a trigger dashboard, in partnership with the Quality Team. This is based on trigger points, which prompts actions needing to be taken, should a practice have vulnerability and sustainability issues, and is contractual as well as under quality guidance.</p> <p>Monthly reports to PCOG and Primary Care Quality and Improvement Group, and a Task and Finish Group had been created with the Quality Team to look at triggers under the quality outcomes framework.</p> <p>The Chair thanked and congratulated the Primary Care Team for the new controls brought in for identifying vulnerable practices.</p> <p><u>LCS</u> The Committee was asked to support the Extended Hours Service, which had been approved in PCCC Part B.</p> <p>There were no objections, and the Committee formally ratified the LCSs.</p>	
6	Primary Care Networks	
	<p>HE highlighted that by 1st July, Networks were required to present their formal agreements and schedules, signed by all their members. Seven of the eight network schedules have been received, with one still under review.</p> <p>There had been one change, with 240 Wexham Road surgery moving to Central Slough Network from SHAPE.</p> <p>Symons Medical Centre do not wish to be part of a network, and Symons patients are being supported by the Maidenhead Network.</p> <p>The next steps for the Networks will be to employ the additional roles which will be</p>	



	<p>role-reimbursement for this year, including the Clinical Pharmacist and Social Prescribing roles. Next year, money for these roles will be paid in advance.</p> <p>PCCC were asked to agree the investment of ‘100-day support’, which is a budget of £100k for all 8 Networks in East Berkshire, needed to support the bridging of the gap of the national scheme, and progress of pace so that the Networks match the maturity matrix timeline. PCCC were also asked what assurance would be required if this was approved, i.e. via PCOG, or directly to PCCC.</p> <p>The Chair opened for questions. AF asked what governance guidelines had been given to the PCNs. HE answered that this was provided through NHSE and the Primary Care Team, and once ratified by AT, schedules would be shared with PCCC, along with BMA guidance.</p> <p>JMcG asked if additional support is going to be provided, considering the Maidenhead network has an additional pressure with Symons Medical Centre, to ensure services are provided with this practice not participating. The Chair commented that the proposal in question was for the 100-day support lump sum, but that this issue should be considered.</p> <p>WT asked if this £100k lump sum would be taken from the £500K provided by NHSE, or additional to this and provided by the CCG. KN confirmed that this 100-day support sum would be a CCG investment, in addition to the £500k NHSE sum.</p> <p>The Committee ratified the proposal for £100k 100-day support, under PCOG assurance, but for further spending, PCCC to be involved in the assurance mechanism.</p>	
7	Primary Care Finance Report	
	There were no questions on the Finance Report.	
8	Primary Care Risk Register	
	<p>HE highlighted PCCC risk 28, 6 month review of the managed dispersal of the Heath Hill GMS contract – the project group had their final meeting so the risk could now be closed.</p> <p>There were no questions on the Risk Register.</p>	
9	General Practice IM&T Steering Group	
	Minutes were marked as read.	
10	Question received in advance from the public	
	There were no questions received.	
	The meeting was closed at 1.26pm.	

Next meeting:

Tuesday 10th September 2019, 12.00-13.30pm
The New Hall, Sportsable, Braywick Road, Maidenhead SL6 1BN