



Minutes of Primary Care Commissioning Committee PART A

Tuesday 10th September 2019
 12.30 – 13.30pm
 SportsAble, Maidenhead

Chair – Clive Bowman

Present	Initials	Job Title & Organisation
Clive Bowman	Chair	Lay Member for Governance, Slough Locality, East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Dr William Tong	WT	Clinical Chair, East Berkshire CCG
Dr Jim O'Donnell	JOD	Clinical Lead for Slough Locality, East Berkshire CCG
Sally Kemp	SK	Lay Governance Member, East Berkshire CCG
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG
Arthur Ferry	AF	Governance Member, East Berkshire CCG
Nick Spence	NS	Contract Manager, NHS England
Debbie Fraser	DF	Director of Finance, East Berkshire CCG
Sally MacFarlaine	SM	Minute taker – CCG PA
Apologies:		
Dr Jackie McGlynn	JmG	Clinical Lead for Bracknell and Ascot Locality, East Berkshire CCG
Mike Connolly	MC	Lay Member Slough CCG, East Berkshire CCG

Item No	Item	Action
1	Welcome and Apologies	
	The meeting commenced at 12.35 p.m. The Chair welcomed four members of the public Apologies were received from MC and JmG The Chair declared the meeting quorate	
2	Declarations of interest	
	SK declared she has recently joined the NHS Leadership Academy Coaching Register	
3	Notice of Any Other Business	
	None	
4a	Minutes of the Last Meeting & Action Log	
	The minutes were agreed as a true reflection of the meeting subject to CB's incorrect job title being amended to Lay Member for Governance and the changes below Action: AT to ask HE to insert the references to the action log for that meeting aligned to the notes in the minutes	AT/HE
	Item 5 Primary Care Operations Group Update – the second paragraph, 2nd sentence to be amended to read “This is based on trigger points, which prompts	SM



	<p>actions needing to be taken, should a practice have vulnerability and sustainability issues, and any contractual issues as well as under quality guidance.</p> <p>Item 6 – Page 4, 3rd paragraph to be recognised as an action and added to the action log. <i>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.</i></p> <p>Bullet point 5 – should be detail not detailed Action: above amendments to be made to the July PCCC Minutes as presented</p> <p>Action Log: 22/27: Question received from the public – Will be covered at November meeting 24: GPFV Investment - Agreed split of investment to be discussed in November</p>	<p>SM/AT</p> <p>SM</p>
4b	Terms of Reference	
	The committee accepted the Terms of Reference	
5	Primary care Commissioning Operational Report	
	<p>Amendment of last paragraph on Page 7 of 12. Action: AT to delete paragraph referring to Referral Support LCS within the ACP LCS section.</p> <p>The PCCC was asked to approve the appropriate governance in relation to the following recommendations has been followed:-</p> <ul style="list-style-type: none"> • Section 4 – Locally commissioned services (LCS) variations • Section 5iii – Vulnerable Group Services approach to continuation of current commissioned services • Section 9ii – commitment of available funds to the PCN and CCG Workforce Baseline <p>AT highlighted the salient points from the LCS section of the report:-</p> <ul style="list-style-type: none"> • Support around pre-diabetes LCS • Supporting detecting cancer early LCS • Review of 3% improvement uptake following review with cancer leads • Review of Amber Drugs where shared care needs to take place between parties • Quality Improvement local commissioned service moving to a more Outcomes based service to improve reducing variation <p>The committee approved and ratified the three recommendations.</p> <p>In consideration of the report CB asked about incorrect data extractions for the management in relation to the activity based LCS'. AT explained the coding issue would be resolved within the financial year for the commissioners and providers affected. CB asked AT to formally congratulate Ricky Chana on Appendix A – LCS Process Map</p> <p>The Committee supported the further recommendations from PCOG as set out in the paper:</p> <ul style="list-style-type: none"> • Continuation of vulnerable adult service under the terms set out • Impact of Primary Care Network workforce baseline was accepted as a cost 	<p>AT</p>



	<p>pressure within financial plans</p> <p>SB updated on the Nursing Associates programme, where seven applicants have gone through to the University for consideration. SB requested that we ensure that all suitable candidates are given support to achieve through this programme.</p>	
6	PC Infrastructure Plan – Refresh 2019	
	<p>From the presentation AT updated on the key items</p> <ul style="list-style-type: none"> Identifying the needs and challenges of the existing estate. The CCG has identified a number of needs based on the current condition of sites, the capability of those sites to deliver services in the future, Borough Local Plans impacting housing growth and changes in population. Projection of a Network workforce which may bring additional need Four developments are all in progress but AT stressed this is a long term plan <p>The Primary Care Infrastructure Plan is the baseline to take into account the projected housing and population changes, the housing developments are based in the Borough Local Plan plus local information direct from planning officers. Options to address future population changes in relation to the infrastructure requirements in response to population changes and service transformation are supported through this plan. The document will go to members meetings next month to shape the forward plan.</p> <p>Comments from the committee included: WT asked for assurance that the plan in section 5 will cover the gaps. AT responded that there is still work to do and there are gaps, however the amount of engagement and goodwill between the parties who are looking to improve infrastructure is exceptional. There is a balance between need and priorities versus opportunities in an area with limited affordable space such as East Berkshire.</p> <p>SK welcomed the mapping. She could not reconcile the population growth of Windsor, Maidenhead & Ascot with the overall population of the Borough as a whole and could not map the areas due to lack of her knowledge. JO'D asked why there were no red areas in Slough. AT advised this was due to lack of data from Slough Borough Council and we hope to get this data soon as there are red areas to be identified in Slough. He asked for further clarification of the population numbers in Slough which look like they are old numbers.</p> <p>Action: AT to make the mapping of population figures clearer in subsequent versions</p> <p>The following public question was received from the Alan Thomson: <i>Is there any longer term plan (over 5 years or so) to review practice and surgery catchment areas for new patients to align with local authority boundaries and the substantial housing developments that have changed the disposition of people in local communities – particularly around in the Bracknell area?</i></p> <p>Answer: <i>The CCG hold delegated responsibility to commission the Primary Medical Services provision for the population of practices in East Berkshire Clinical Commissioning Group. Practice boundaries have been mapped to confirm that there are no gaps for residents of East Berkshire to be able to access Primary Medical Services. It is within</i></p>	<p>AT</p>



	<p><i>the rights of a provider to request a change in their practice boundary and for this to be considered by the commissioner. The CCG works in partnership with all neighbouring local authorities to ensure access to care for our patients despite Unitary Authority boundaries.</i></p> <p>After final members engagement this document will be updated and FSB asked for this document to be a PCCC official document with version control then we will do a refresh every 6 months. CB asked for an item within the document to address what is likely to be the next priority.</p> <p>Action: Final version following further engagement including a forward plan to be brought back to PCCC by March 2020</p>	AT
7	Primary Care Financial Report	
	<p>DF reported we are on plan and there is a small underspend on GPIT following the release of prior year accruals. The final phase of transitioning under delegation of the finance functions between NHSE and the CCG is taking place and the transition plan is included in this month report.</p> <p>WT asked about the risk to us in the transition of Primary Care finances. DF advised there are 28 items on the transition plan, many of these items have moved across already and suppliers are already on our system. NHSE are supporting us until the end of October. An extra person has been recruited to alleviate the capacity risk and DF does not see any financial risk.</p> <p>JOD comments:</p> <ul style="list-style-type: none"> • Request for percentages to be added to the Year to Date Position. CB asked that if percentages are used that it is clear what it is a percentage of. • GPIT is an unusually large amount for month 4. Released some accruals that we no longer require • Drug payments – DF advised this was probably due to seasonal variation and the budget has been phased equally • OOH 3.6% – DF is investigating and will update JOD when she has an answer on the figures <p>Action: DF to include further narrative and explanation on these areas in month 8 report to PCCC</p> <p>The committee noted the finance report</p>	DF
8	Primary Care Risk Register	
	There were no comments and no changes from previous registers	
9	General Practice IM&T Steering Group	
	<p>CB brought to the meeting's attention that there are 3 committees answerable to us</p> <ul style="list-style-type: none"> • PCOG • IM&T Steering Group • Primary Care Quality Improvement Group (dotted line) <p>Action: CB/SB to discuss reporting and governance arrangements for PCQI Group for clarification in the PCCC Terms of Reference</p> <p>The IM&T presentation on Digital First and alignment with Connected Care will be done at the November meeting</p>	<p>CB/SB</p> <p>Anshu Varma</p>



10	AOB	
	<p>A public comment was regarding Local Authority initiatives in Bracknell on local development plans and the provision of community healthcare facilities becoming embroiled with NHS bodies i.e. Fitzwilliam house.</p> <p>The committee will reflect on these comments and take account in the next version of the Primary Care Infrastructure Plan</p> <p>Meeting closed at 13:30</p>	

Next meeting: Tuesday 12th November
Copthorne Hotel, Slough