

<b>Primary Care Co-Commissioning Committee</b>				
<b>Date of Meeting</b>	10 <sup>th</sup> March 2020		<b>Paper Number (PART 1)</b>	5
<b>Title</b>	EBCCG Primary Care Team Projects and BAU update			
<b>Sponsoring Director</b> (name and job title)	Fiona Slevin-Brown, Director of Strategy and Commissioning			
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	Clive Bowman, Lay Chair PCCC			
<b>Author(s)</b>	Emma Reeves, Project Support Officer, Primary Care			
<b>Purpose</b>	To appraise the Primary Care Commissioning Committee on the EBCCG Primary Care Teams workstreams			
<b>The Joint Operations Group is required to (please tick)</b>				
<b>Approve</b>	<input checked="" type="checkbox"/>	<b>Receive</b>	<input checked="" type="checkbox"/>	<b>Discuss</b>
				<b>Note</b>
				<input checked="" type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Risks included in the Primary Care Risk Register			
<b>Legal implications/regulatory requirements</b>	None for this report			
<b>Public Sector Equality Duty</b>	None for this report			
<b>Links to the NHS Constitution</b> <b>(relevant patient/staff rights)</b>	<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>			
<b>Strategic Fit</b> <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.			
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have</i>	All planned investments are included in the PCCC Finance report provided to the committee routinely. GPFV Investments will go through the Frimley ICS GP			

<p><i>these been incorporated?</i></p> <p><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></p>	<p>Transformation workstream from April 2019. Delegation to PCOG for GPFV investments prior to April 2019 remain in place</p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Deputy Director of Quality Nursing &amp; Safety is lead for the Primary Care Operations Group</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Engagement in accordance with the conflicts of interest guidance. PCOG requires two clinicians for quoracy.</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>All work is underpinned by ambitions and outcomes built on patient insights both locally and nationally</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>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.</p>
<p><b>Executive Summary</b> The aim of this paper was to summarise the work of the Primary Care Operations Group (PCOG) providing assurance around progress and setting out recommendations to PCCC.</p>	

Project Name / Business As Usual	Discussion and Decision Framework	Primary Care Lead	RAG Rating			Comments
			Dec 19	Jan 19	Feb 20	
<b>Locally Commissioned Services (LCSs)</b>						
Cancers diagnosed at an early stage, Hypertension Scheme, Atrial Fibrillation Scheme, Prescribing, Medicines Optimisation, Referral Support to be superseded by the QI Specification, Pre-Diabetes, Minor Surgery DES & Injections DES, Anticipatory Care Planning, Anti-Coagulation Monitoring (Level 3 & 4), Long-Acting Injectable Anti-Psychotic Administration & Monitoring Service, Provision of Near Patient Testing, Insulin for Type 2 Diabetes; from initiation to ongoing management, PSA aka Stable Prostate – Patient Follow Up in Primary Care, Slough Whole System Support LCS, Physical Health Checks for People with Severe Mental Illness, EBerks Arrhythmia LCS, Dermatology GP with Extended Roles, Mirena (IUS) for non-contraceptive purposes, Gynaecological Minor Procedures	Provider Liaison Group, PCOG, members meetings, clinical leadership meetings	Ricky Chana				<p>LCS Provider Liaison Group continues to meet monthly to deal with general LCS issues/agree processes.</p> <p>Agenda items for January 2020's meeting includes:</p> <ul style="list-style-type: none"> <li>Near Patient Testing Review</li> <li>LCS End of year process</li> </ul> <p>This group continues to handle business as usual matters, while the separate LCS GPOF Task &amp; Finish Group will progress the GPOF Redevelopment Project.</p>

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			Dec 19	Jan 19	Feb 20	
<b>ETTF and Estates Schemes</b>						
Heatherwood Hospital	Ascot Steering Group, East Berkshire ETTF conference calls with NHSE	Ann Bryant				<p>Full Business Case signed off for ETTF funding, ICS funding stream has still not be signed off however, as this is viewed as a minimal risk and with the timescales for spending the money before the end of the financial year very tight; the NHSE/I Regional Director has given assurance that ETTF monies will be used to provide interim funding until ICS monies are made available. <b>Awaiting confirmation of ICS sign-off.</b></p> <p>This project is now progressing with building work commencing 27 January 2020.</p> <p>Concern around deliverability and draw down as monies would need to be committed before end of financial year 2020. John Webb, Pick Everard will attend all construction meetings in an assurance role for NHSE/I and Paul Rowley will act in the same capacity on behalf of the CCG and practices.</p>
Maidenhead Town Centre (Reform Road)	PCOG, PCCC	Ann Bryant				<p>Initial meeting held 9 January – GP representation from Cordwallis, Claremont and Holyport, Cedars and Rosemead practices.</p> <p>Source project management and facilitation support for the project.</p> <p>Development of draft project governance required for March meeting.</p> <p>Infrastructure needs assessment currently being drafted.</p>
Minor Improvement Grants (MIGs)	PCOG	Ann Bryant				<p>MIG funding totalling £157,000 was approved in November 2019. £49,000 has been earmarked for Heath Hill works to ensure the</p>

					<p>building meets health and safety / infection control standards and is fit for purpose. This funding is at 100%.</p> <p>All other funding is 66% with practices committing to funding the remaining 34%.</p> <p>As of 18/02/20 some quotations were still outstanding, practices have been reminded.</p> <p>Briefing paper went to February PCOG meeting which confirmed that Herschel Medical Centre and Green Meadows Surgery had been removed from the original bid totalling to £65,000. Herschel had agreed to fund the renovations themselves to increase part of their GMS space. Green Meadows no longer required automated doors on their premises as they were moving to the Heatherwood site. PCOG agreed that this unallocated money could go to remedial works at The Avenue Medical Centre, Claremont and Gainsborough which fitted under the infection control and DDA criteria. This change was supported by PCOG.</p>
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Project Name / Business As Usual	Discussion and Decision Framework	Primary Care Lead	RAG Rating			Comments
			Dec 19	Jan 19	Feb 20	
<b>Improved Access General Practice</b>						
Extended Hours Service	Monthly Contract Monitoring Mtgs, PCOG Meetings	Katerina Nash				Workstream on track.
Vulnerable Groups Service	Monthly Contract Monitoring Mtgs, PCOG Meetings	Katerina Nash				Workstream on track Monthly MDT meetings established in all 3 localities.
Winter Pressures – 2019	PCOG	Katerina Nash				Educational sessions- delivered in 11 schools with four that have been booked for the month March. A total of 21 sessions have been delivered with around 637 Year 4 pupils that have taken part in the sessions. 10 GPs have been active in delivering the sessions within their own localities.
<b>GP Forward View</b>						
Practice Resilience Scheme	Monthly Resilience Mtgs	Hayley Edwards				Workstream on track
Time 4 Care (T4C) and 10 High Impact Action Points (10HIA)		Hayley Edwards				Workstreams on track
<b>Other Projects / Workstreams</b>						
Network DES	PCOG	Alex Tilley				Contract on track for 2019.
Post Payment Verification Audit	PCOG	Hayley Edwards				The Slough PPV audit had started; however, a problem had incurred regarding the extraction of the 2018/19 QOF patient data. The LMC representative was present and recommended the audit was stopped due to list of patients included, excluded, and exception-coded from each QOF domain for 18/19 could not be extracted. EMIS nor CSU were able to create reports with the parameters which met this requirement.  The Bracknell audit was completed in full, where the auditing GP

					<p>read through the history of each patient on the current QOF register to determine if they were eligible for the 18/19 QOF payment. The assumption was made that of the QOF indicator was coded on EMIS, then payment was made / received. No exceptions were checked.</p> <p>From both audits, the process did pick up some quality issues which will be included in the outcome reports as an advisory.</p>
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**Items For Ratification**

**Quality Improvement Training Funding for Referral Management LCS**

A chairperson’s action had taken outside of PCOG due to the request being time sensitive. The sum of £4,500 plus VAT was agreed for a provider to be commissioned to provide quality improvement (QI) training relating to referral management and would include three half day sessions. The aim was to support practices to recognise areas of care which required improvement, and take steps to address this through the development and implementation of a quality improvement plan and sharing of learning across each practice or network. This support would provide resources into practice/PCNs to further address unwarranted variation with a specific focus on QI.

**Increase of Funding to the Near Patient Testing LCS**

A review had taken place of the formulary under the Frimley Health area to identify any medications prescribed within primary care which required monitoring but not included in the near patient testing (NPT) LCS. This review had been requested by PCOG, LCS provider liaison group (PLG) and clinical leads to be undertaken.

Outcomes of this review recognised that the CCG did not need to increase the fee of delivering this service, however found that there were six medications which should considered for the NPT specification to ensure safe prescribing and appropriately funding this work in primary care. This recommendation would require an increase of funding to £15,840. The risks of not adopting this funding were as follows:

- That high risk medication which was not in the current specification would not be monitored correctly and individuals prescribed these would be at risk of serious adverse drug reactions;
- Where the monitoring for these medications was undertaken it would not be funded, thereby placing pressure on primary care;
- Individual practices may opt not to accept prescribing of these high risk medications leading to additional burden on secondary care from the prescribing and monitoring of these medications and higher costs to the system

PCOG agreed to support this increase in funding subject to Finance signing off the amount at the end of next week (week commencing 2<sup>nd</sup> March 2020).

**Notification of Contract Changes**

Practice the Change Effects:	Date Effective From:	Name of GP Partner and Type of Change:	Remaining GP Partners at the Practice:
Forest Health/Boundary House	31/03/2020	Dr Catherine Caird Full retirement	Seven
Birch Hill/Ringmead Medical Practice	01/12/2019	Dr Farhad Daruwalla Partner to Salaried GP	Six
Langley Health Centre	01/04/2020	Dr Nazaff Adam 24 hour retirement	Seven



Chairs Use Only	
Any known conflicted committee members from Declarations of Interest register?	None – any declarations at the meeting will be managed in accordance with the Conflict of Interest guidance
<b>Recommendation(s)</b> The following recommendations from PCOG were as follows: <ul style="list-style-type: none"><li>• Quality Improvement Training Funding for Referral Management LCS of £4,500</li><li>• Increase of Funding to the Near Patient Testing LCS of £15,840.</li></ul>	