



## Minutes of Primary Care Commissioning Committee Public Agenda

Tuesday 14<sup>th</sup> January 2020

12.30 – 13.30pm

Easthampstead Baptist Church, Bracknell RG12 7NS

**Chair – Clive Bowman**

Present	Initials	Job Title & Organisation
Clive Bowman	Chair	Lay Member for Governance, Slough Locality, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Hayley Edwards	HE	Senior Commissioning Manager, Primary Care
Dr William Tong	WT	Clinical Chair, East Berkshire CCG
Dr Jim O'Donnell	JOD	Clinical Lead for Slough Locality, East Berkshire CCG
Dr Huw Thomas	HT	Clinical Chair, Windsor and Maidenhead Locality
Dr Jackie McGlynn	JMcG	Clinical Chair, Bracknell and Ascot Locality
Arthur Ferry	AF	Governance Member, East Berkshire CCG
Nick Spence	NS	Contract Manager, NHS England
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCG
Mike Connolly	MC	Lay Member PPI Slough Locality
Ann Bond	AB	Minute taker – Primary Care Team
<b>Apologies:</b>		
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG
Jim Kennedy	JK	Local Medical Committee Representative

Item No	Item	Action
<b>1</b>	<b>Welcome and Apologies</b>	
	The meeting commenced at 12.35 p.m. The Chair welcomed the members of public. Apologies were received from SB, AT and JK. The Chair declared the meeting quorate.	
<b>2</b>	<b>Declarations of interest</b>	
	None recorded.	
<b>3</b>	<b>Notice of Any Other Business</b>	
	NS gave an update on the NHS England reorganisation transformation that is taking place. As far as the CCG is concerned, from a medical perspective NS will no longer be supporting the CCG and Ginny Hope will no longer be the Head of Primary Care responsible for looking over East Berkshire CCG. This will now be picked up by the new team headed up by Julia Booth who is currently Head of Primary Care for Wessex and NS's counterpart will be picking up his role which is also in Wessex. They will be supported by two assistant contract managers, one of who is on NS's current team and will remain and one of who is still to be recruited. It is likely for the foreseeable future for the CCGs Sue Pilgrim, who is the current member in NS's team, will be picking up	



	<p>the support for East Berkshire CCG, along with all the other Thames Valley CCGs. NS reported that In terms of direct support there will be less. There will be someone there to offer direction and guidance as required but it is likely to be at arm's length as opposed to face to face.</p> <p>NS will not be at the March meeting. It is yet to be determined if the new team, which is 50% of the current team, has the capacity to go to PCCCs and PCOGs. At the moment the thought is that potentially they don't, although there is sight of everybody's papers. NS is intending to recommend to Sue Pilgrim that she attends the first meeting at least to establish this new relationship.</p> <p><b>Action: By March make sure we know who we should be inviting or expecting for the next PCCC.</b></p> <p>WT and FSB asked the Chair to extend to NS gratitude for the hard work and support that he had given and wish him well.</p> <p>NS reported that a formal letter would be coming out soon. CB also expressed his thanks to NS and suggested if possible, once that letter was out, that we send a formal letter highlighting what NS and the team have achieved and CB would be happy to sign it.</p>	<p>AT</p> <p>CB</p>
<b>4</b>	<b>Minutes of the Last Meeting &amp; Action Log</b>	
	<p>a) <u>Minutes of the last meeting November 2019</u> (Diligent pages in brackets)</p> <p>Page 1 (4)          Debbie Fraser's title should be <b>Deputy</b> Director of Finance.</p> <p>Page 2 (5)          Item 5: Last para should read 'CB asked for assurance that <b>this</b> year's Winter Pressures allocation will be similar to last years'.</p> <p>Item 6: First para – List of items separated by semi colons doesn't make sense. CB suggested that we put something like the topics of resilience and sustainability.... <b>were presented</b> to make it clear that it was presented.</p> <p>Item 6: Second para – JOD asked about the commitment to realising access is needed in a <b>multidisciplinary</b> way.</p> <p>Page 3 (6)  <b>Item 7: Action: Reference to adding an item to the Risk register. Has this been done? Yes</b></p> <p><b>Subject to these adjustments the Minutes were agreed.</b></p> <p>b) <u>PCCC Action Log</u></p> <p>No. 21 – We still have no volunteer from the Public Health to come to this meeting. Subject to changes this may drop off list. Open – HE to chase up.</p> <p>No. 31 - Infrastructure subject to discussion can be closed.</p>	<p>HE</p> <p>HE</p>



	No. 34 – Part B Minutes for September were sent out 20 <sup>th</sup> December 2019. CB asked everyone to check their inboxes. Leave open till March.	All
<b>5</b>	<b>Primary Care Commissioning Operational Report including Digital First Update</b>	
	HE gave an update on the PCC Operational Report. There are no items for ratifications to be made. The only work streams that remain on Amber are the ETTF Estates Schemes which is largely due to external forces. No questions were raised.	
<b>6</b>	<b>East Berkshire General Practice Infrastructure Plan 2020/2024</b>	
	<p>FSB presented the Infrastructure Plan along with a covering paper highlighting the changes made from the previous version of the document. FSB logged her thanks to the Team for the quality of the report.</p> <p>FSB explained that the plan sets out some of the challenges around the Estates infrastructure for General Practice and Primary Care not just for the current year but for the coming years and addresses future plans for these particular issues.</p> <p>The Committee is being asked if they approve this particular document and to ratify as a final version document to be able to use for future bids and conversations with providers and partners.</p> <p>WT – Page 2 (15) Introduction and Background LPT National support offer 5<sup>th</sup> and 6<sup>th</sup> bullet points.</p> <p>Both areas aren't specific to Primary Care so they are in long term plan around Estates. <b>Action: WT asked if this could be made clearer.</b>          This is the language of the aspiration that is in the ICS Estates strategy so if you see that document you will see these aspirations mirrored within that.</p> <p>The statement about standardising the quality of buildings being built to a standardised model particularly around environmental impact and also ensuring that the quality and standard of the Estate is fit for the future and take us forward.</p> <p>Non-clinical space: Making sure that we optimise NHS owned Estate for the delivery of frontline patient care. We are aware that there is a lot of Estate with space that isn't fully utilised for those purposes. There is already an ask for all NHS Trusts and organisations that own NHS Estate to review their non-clinical space and make sure that it is fully optimised and kept to a minimum when they are under pressure.</p> <p><b>Action: After ratification take out brackets in (PC).</b></p> <p>AF commented on the Rainbow diagram. This item went through one iteration where it disagreed with the use of Starting Well - children to get the same start. It was agreed that it should be the best start as there was an implication that some people are much better.</p> <p><b>Action: FSB agreed to take this feedback back at she was not at liberty to change.</b></p> <p>A Member of Public commented that it would be helpful if when documents are revised the cover sheet could be more expansive.</p>	<p>FSB</p> <p>FSB</p> <p>FSB</p> <p>FSB</p>



	<p>Page 31 (44) Pipeline Options. CB suggested we should be thinking in broad brushstrokes what happens after these. For 2021/2022 it would be helpful to know what could possibly happen after the ones on page 31. Otherwise we have a rolling plan and not a plan where we can see well into the future.</p> <p><b>Action: AT to put at top of page that as it stands this is the current set of infrastructure and Primary Care development for the next 2-5 years.</b></p> <p>This item was ratified.</p> <p>Page (47) CB confirmed that PCOG approved this use of non-recurring 2021/2021 at the December meeting. No comments were raised.</p> <p>FSB reported there was no need to put together a recurring budget as we have an element of non-recurring set aside in Primary Care and we think to use that as and when we need to support this work. DF agreed with this.</p> <p>This item was ratified.</p>	AT
<b>7</b>	<b>Training Hub Future</b>	
	<p>FSB presented the training hub paper and asked the Committee for approval. WT commented that he is only aware of one Hub that isn't an East Berkshire Hub. The Ascot practices have an intention to have a training Hub based on PLACES, a more centralised way of doing things rather than losing some of the other Hubs. There was a report at the Ascot Steering Group that the training Hub had very much integrated and the aspiration is to actually to widen out. Ascot have put their hand up now but the intention is that all the other areas will be coming forward and to have smaller sub Hubs.</p> <p>This item was approved.</p>	
<b>8</b>	<b>Primary Care Finance Report</b>	
	<p>DF presented the finance report for November. No change from previous month. Page 5 (58) table shows forecast on plan. GPIT slightly under plan as some prior year accruals have been released and out of hours have just got a surplus. In terms of year to date there has been some movement but most of them expect to come back on plan at the end of the year as explained in the report.</p> <p>It is recorded that decisions about two full Business Cases and about finance between now and March meeting plus miscellaneous urgent items like a list closure will be dealt with by the Pink route and not an extraordinary PCC.</p> <p><b>Action: Subject to discussion with AT formally report in March.</b></p> <p>Page 8 of report – Para 3 CB reported the item had been approved at the September PCOG and ratified at the last PCC.</p> <p>The Finance report was accepted.</p>	FSB



9	Primary Care Risk Register	
	<p>FSB suggested that the announcement by NS and the relationship with the NHSEI regional team we might want to consider if there are any risks associated with that.</p> <p><b>ACTION: Reflect on the potential risk profile of the news we received from NS and put in place any appropriate mitigation.</b></p> <p>Page 2 (65) CB commented that there are blanks in the register. Each entry should have recent comments and recent dates.</p> <p>PCC34 and 35 – Blank</p> <p><b>Action: Risk register to be updated.</b></p> <p>PCIM8 Page 10 (73) It was queried whether we were on track for this item? HE reported that there will be slippage on the deadline due to different maturity levels of each of the networks. Workforce remains an issue particularly with Windsor, Ascot and Maidenhead practices and the non-clinical staff that are employed. We are working with the practices on sustainability and recruitment and also the retention of their non-clinical staff various programs of works. There are external forces that affect practices and it's common across the board how the back office functions can be better supported particularly if the practice is experiencing long term sick or loss of staff and how the network can help within the workforce. No redundancies were expected.</p> <p>Page 15 (78) PCC35 Network DES. One GP has highlighted that the LMC has recommended to practices not to sign the DES. AT is in discussion with the LMC. The new specification is a draft document. FSB suggests holding council till final document comes out.</p> <p>Contingent on discussions and when it becomes clearer what the acceptability of the next round of DES that we make sure we have reviewed the risk level assessments in this risk assessment.</p> <p><b>Action: Revisit PCIM8 and other risks in March HE to do a Deep dive around workforce.</b></p> <p>CB talked about the programme of interest for future PCCC's and it was agreed that the theme for future PCCC's should be around workforce.</p> <p>Page 27 (90) IMT25 use of fax machines. Practices still receiving incoming faxes from pharmacies. Good back up for when electronic systems go down.</p> <p><b>Action: Taking an action to speak to pharmacists.</b></p> <p>Page 22 (85) PCC13. AT commented that there is no closure or reassurance on the risk register for this item. FSB said that she didn't see a time when this item would not be on the risk register but the systems for identifying vulnerable practices have improved.</p> <p><b>Page 29 (92) IMT27</b> HE confirmed delay in migration of HSCN depending on the M3 migration.</p>	<p>FSB</p> <p>HE</p> <p>HE</p> <p>NS/SP</p> <p>HE</p>



	<b>Action: Dr Goel may be able to reply to this. Get statement from Dr Goel to reply possibly outside of meeting. Invite him to May/July PCC</b>	HE
<b>10</b>	<b>Questions received in advance from the public</b>	
	<p>No questions were received in advance.          A Member of the Public reported that he had sent something in regarding what coordination does the CCG provide to the pharmacists? Requested to send in again to Comms.</p> <p><b>Action: FSB will take action. (Alan) Send to FSB</b></p> <p><b>Meeting closed.</b></p>	FSB

**Next meeting:  
 Tuesday 10<sup>th</sup> March 2020, 13.30-15.00 pm  
 Sportsable, Braywick Road, Maidenhead SL6 1BN**