

Primary Care Commissioning Committees in Common (Part One)

Unauthorised MINUTES

Guildford and Waverley CCG	✓
North West Surrey CCG	✓
Surrey Downs CCG	✓

Date	12 October 2018	Time	10:30- 11:50
Venue	Board Room, Dominion House, Guildford and Waverley CCG, Woodbridge Road, Guildford, GU1 4PU		

Members/ Attendees: name (initials)	Title	Attendance (✓)/ Apologies (A)		
		Guildford and Waverley	North West Surrey	Surrey Downs
Voting members				
Jonathan Perkins (JP)	Lay Member General for the Surrey Heartlands CCGs (Convenor)		✓	
Sue Tresman (ST)	Deputy Lay Member General (PCCC) for the Surrey Heartlands CCGs (Vice Chair)		A	
Jacqui Burke (JB)	Lay Member Audit for the Surrey Heartlands CCGs		✓	
Matthew Tait (MT)	Joint Accountable Officer for the Surrey Heartlands CCGs		✓	
Karen McDowell (KMc)	Chief Finance Officer for the Surrey Heartlands CCGs		A	
Claire Fuller (CFu) <i>(On behalf of KMc)</i>	Deputy Chief Finance Officer (Chair of NWS PCOG)		✓	
Clare Stone (CSt)	Executive Director of Quality for the Surrey Heartlands CCGs		✓	
Dr David Ratcliffe (DR)	Independent GP		✓	
Dr Jane Dempster (JD)	Independent GP		A	
Vicky Stobbart (VS)	Managing Director (G&W)	✓		
Karen Thorburn (KT)	Managing Director (NWS)		✓	
Colin Thompson (CT)	Managing Director (SD)			✓
Lynda McDermott (LM)	Patient Lay Representative (G&W)	✓		

Reviewed by VS/ KT/ CT/JP/HS/NM/ED

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Members/ Attendees: name (initials)	Title	Attendance (✓)/ Apologies (A)		
		Guildford and Waverley	North West Surrey	Surrey Downs
Catherine Brunton-Green (CBG)	Patient Lay Representative (NWS)		A	
Helen Atkinson (HA)	SCC Director of Public Health		A	
Dr Clare Sieber (CSi)	Surrey & Sussex Local Medical Committee Chief Executive		✓	
Non-Voting members				
Caroline Cameron (CC)	NHS England Representative		✓	
Samantha Harris (SH)	NHS England Representative		A	
Kate Scribbins (KS)	Surrey Healthwatch Representative		A	
Tim Oliver (TO)	County Council Chair of the Health and Wellbeing Board		A	
Dr Jonathan Inglesfield (JI)	GP Representative	✓		
Dr Susan Denton (SD)	GP Representative	✓		
Dr Seda Boghossian-Tighe (SB)	GP Representation of SASSE Locality		✓	
Dr Deborah Shiel (DS)	GP Representative of Woking Locality		A	
Dr Njaimeh Asamoah (NA)	GP representative of Thames Locality		✓	
Dr Robin Gupta (RGU)	CCG GP Representative of Dorking Locality			A
Dr Nicky Kirby (NKi)	CCG GP Representative of Epsom Locality			✓
Dr Jill Evans (JE) <i>Until item 10</i>	CCG GP Representative of East Elmbridge Locality			✓
Isata Green (IG)	Operational Practice Manager	✓		
Liz Reynolds (LR)	NWS CCG Operational Practice Manager		✓	
Vacant	Operational Practice Manager			
In Attendance				
Nikki Mallinder (NM)	Associate Director of Primary Care Development		A	
Helen Snelling (HS)	Head of Primary Care Contracts		✓	
Rachael Graham (RGr)	Deputy Director of Non-Acute Contracts		✓	
Shelley Eugene (SE)	Head of Primary Care Development		A	
Kathleen Andrews (KA)	Primary Care Commissioning Manager		A	
Elizabeth Davis (ED)	Head of Primary Care Commissioning & Development		✓	

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Members/ Attendees: name (initials)	Title	Attendance (✓)/ Apologies (A)		
		Guildford and Waverley	North West Surrey	Surrey Downs
Caroline Farrar (CFa)	Deputy Managing Director- G&W (Chair of G&W PCOG)	A		
Marion Heron (MH)	Commissioning Manager Mental Health & Learning Disabilities – G&W CCG	✓		
Safron Simmonds (SS)	Commissioning Manager Mental Health & Learning Disabilities – NWS CCG		✓	
Linda Honey (LH) <i>For item 7 via telecon</i>	Head of Medicines Optimisation- NWS		✓	
Natasha Moore (NMo)	(Note-taker) Governance Manager		✓	

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1	Welcome, Introductions and Apologies The Convenor welcomed members and attendees; apologies were received as detailed above.		
2	Declarations of Interest The Convenor noted the register of Primary Care Commissioning Committees in Common members and attendees' interests included in the meeting papers, with no new declarations received since the previous Committee meeting. It was noted that Locality GPs were conflicted for item 7 of this agenda. This interest was noted as Locality GPs were non-voting members of the committees so were invited to participate in the discussion but had no role in decision-making. It was agreed that Locality GPs could receive the papers associated with this item. The Convenor invited members and attendees to report (i) any new declarations or amendments of declarations on the register and/or (ii) any additional declarations pertinent to items on this agenda. None were received. JB asked if further information for GPs could be included on registers for future committee meetings regarding at which practice they were a GP and/ or if their practice was a member of a GP Federation. NMo to amend.	NMo	31/10/18
3	Quorum As the required quorum was met for each CCG, the Convenor declared the meeting open.		
4	Minutes from the Primary Care Commissioning Committees in Common (PCCcInC) meeting held on 14 September 2018 JB noted that item 18 (page 11) should read 'It was acknowledged that reporting needed to be improved to optimise cash flow.' NMo to amend. Subject to the above, the minutes from the previous meeting were agreed	NMo	31/10/18

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	<p>as an accurate record of the meeting.</p> <p>JB asked for an update on Docman, as referred to under item 10i (page 7-8) of the minutes. KT stated that this was a national incident and therefore each individual CCG would not be required to respond. HS confirmed that the Primary Care Team was continuing to support practices in order to support this piece of work.</p> <p>MT suggested that a full update on Docman be provided at the next committee meeting on 09/11/18. NMo to add to the agenda.</p>	NMo	19/10/18
5	<p>Action Log</p> <p>The Convenor advised that the areas shaded grey denoted the update on actions taken and proposed to close. Members agreed.</p> <p>Outstanding actions were reviewed as followed:</p> <p>Guildford and Waverley CCG Actions</p> <p><u>Action no 13- STP Letter. To hold a further discussion regarding guidance from a letter sent to each CCG.</u> CT confirmed that the CCGs were yet to meet with NHSE. Remain open until meeting has taken place.</p> <p><u>Action no 21- Primary Care Development – update. KA to provide assurance to the G&W Patient Representative regarding strict protocols in place with the Shared Care Record.</u> HS confirmed that information had been circulated to practices. However, LM raised that she had some outstanding queries on the information circulated. NM/ HS/ LM to pick these up outside of the meeting but action could be marked as closed.</p> <p>PCCCinC Actions</p> <p><u>Action no 1- GP Resilience Funding. Paper to come to October meeting.</u> Paper would be presented to the November committee meeting.</p>		
6	<p>Chairs Report:</p> <ul style="list-style-type: none"> • Review of PCCCinC meetings including: <ul style="list-style-type: none"> ○ Frequency- to move to bi-monthly meetings; and ○ PCCC Workplan. <p>The Convenor confirmed that Following feedback from members following the September PCCCinC meeting, the Convenor introduced a discussion about the proposal to move the PCCCinC to a bi-monthly frequency of meetings from January 2019.</p> <p>Additionally, the Primary Care Team had raised that bi-monthly meetings would be more manageable in terms of preparing/ writing papers whilst still balancing 'business as usual'. Consideration also needed to be given to GP/ practice staff members and time commitment to attending meetings.</p> <p>JP reiterated to members and attendees that the Terms of Reference did include the provision for a Chair's Action to be taken if a time-critical</p>		

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	<p>decision was required and also included the provision for an extraordinary meeting to be held at the request of the Committee Chair. He also confirmed that Primary Care Operational Group (PCOG) meetings for the three CCGs would remain as monthly.</p> <p>It was also proposed that the December 2018 meeting would take the form of a part II seminar, rather than a public meeting. JB noted that the PCCCinC currently reviews monthly papers regarding delegated and non-delegated primary care finances. She noted that if PCCCinC were to meet bi-monthly, non-delegated budgets could be discussed and presented in detail at Strategic Finance and Performance Committees in Common (SFPC iC) meetings, however she queried the detail that SFPC iC could review delegated budgets in given other areas for discussion.</p> <p>CFu confirmed that PCOGs would receive monthly finance reports and the plan was to circulate these to PCCCinC members in the months were no PCCCinC was planned for information.</p> <p>JB also queried whether PCCCinC would have an opportunity to review the end of year finances related to delegated budgets before review by Audit Committees and final approval by the Governing Bodies. CFu confirmed that scrutiny by PCCCinC would take place at the May 2019 meeting before formal approval by the Governing Bodies.</p> <p>JB was satisfied with the above.</p> <p>NKi queried the location of the PCCCinC meetings from April 2019, pending the outcome of the Surrey Downs member vote for delegated commissioning. It was confirmed that pending a successful vote, the location of the meetings from April 2019 would rotate between the three CCG sites.</p> <p>HS presented a committee workplan to inform agendas, based on a bi-monthly frequency of meetings. This was indicative and could change and evolve over time. Any feedback would be appreciated from members and attendees.</p> <p>The Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> • Review the frequency of meetings an amended frequency of bi-monthly meetings. • Approve that the December meeting take the form of a part II seminar. • Review the draft workplan and provide any feedback to NM/ HS. <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • Approved in principle a bi-monthly frequency of meetings for formal approval at the November meeting. NMo to add to the agenda. • Approved that the December meeting take the form of a part II seminar. 	NMo	19/10/18

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Commissioning, Development and Contracting			
7	<p><i>As discussed in item 2 of the agenda, a conflict of interest was noted for Locality GPs.</i></p> <p>Locally Commissioned Services (LCS):</p> <ul style="list-style-type: none"> • Severe Mental Illness (SMI) Physical Health Checks <i>MH and SS attended for this item.</i> <p>MH and SS presented the SMI Physical Health Checks LCS, highlighting the following:</p> <ul style="list-style-type: none"> • Background: currently a health inequality for those with SMI compared with general population. On average men die 22 years earlier if they have a SMI; women 17 years. • Suicide rates within the Surrey Heartlands CCGs were detailed with North West Surrey having one of the highest suicide rates in Surrey. • The National Five Year Forward View (and the recent appointment of the first Minister for Suicide Prevention) places mental health and suicide prevention as priorities. • National target is to ensure that 60% of those with a SMI have a yearly physical health check and also to prioritise suicide prevention through the following steps: <ul style="list-style-type: none"> ○ Seeking a named GP or practice clinical staff member to attend specialist training on mental health and suicide prevention; ○ Having a named Suicide Prevention Lead in each practice; and ○ Implementing the national template for physical health checks in practices (which would be amended and updated if required). • Practice would receive a remuneration of £60 per health check undertaken and receive a bonus based on a 'sliding scale' and considering the number of registered patients per practice. The CCG would also pay for any training or 'e-learning' as required. <p>Jl supported the implementation of the SMI physical health check LCS, however he raised the need for GP reports to be included during serious incident (SI) reviews and suggested that 'lessons learnt' are fed back from GPs and reported annually across the CCGs.</p> <p>Jl also raised that consideration should be given to the inclusion of 'suicide prevention' in the title of the LCS. SB also queried whether the term 'physical health checks' was misleading as mental health was at the centre of this LCS. She proposed that this term be re-considered. MH and SS agreed.</p> <p>JE agreed and stated that data needs to be triangulated with all mental health services. She also queried whether it was known if implementation of an LCS changes patient outcomes. MH confirmed that a pilot had been undertaken which improved mental health</p>		

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	<p>outcomes overall for patients.</p> <p>NK noted that that specification was not eligible for Buddy or sub-contracting arrangements. MH confirmed that Buddying arrangements were not currently included in the service specification; however, this could be examined as a future development opportunity.</p> <p>LM highlighted that future work needs to ensure that patients are at the forefront of the LCS and the development of its specification.</p> <p>JB queried whether there would be any duplication of data collection and/ or remuneration for practices between QOF and data through this LCS. CS and HS confirmed that QOF was a method of recording, whereas this LCS was a method of remuneration so no 'double pay' would be received by practices.</p> <p>DR queried if local secondary care and psychiatric services had been informed of the proposal. SS confirmed that the specification had been shared and these services were in support of the LCS.</p> <p>JP summarised that the committees supported the LCS and noted that further work and development would be ongoing. Guildford and Waverley and North West Surrey CCGs would fund from their delegated budgets and SD would fund from their LCS allocation.</p> <p>The Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> • Approve the SMI Physical Health Check LCS specification. • Approve the SMI Physical Health Check proposed costings. <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • Approved the SMI Physical Health Check LCS specification. • Approved the SMI Physical Health Check proposed costings. • Agreed to share the LCS with GPs to sign up to it across Surrey Heartlands CCGs. <p><i>MH and SS left the meeting.</i></p> <ul style="list-style-type: none"> • ADHD <i>LH joined via telecon for this item.</i> <p>LH presented the ADHD LCS Service Specification which was proposing 12 monthly physical medication review monitoring for CNS stimulants, atomoxetine, guanfacine and melatonin. The LCS was proposing carrying out a physical medication review monitoring the following on a 12 monthly basis (the patient will be reviewed 6 monthly in line with the product license with reviews alternating between GP 1-month review and specialist 12-month review).</p> <p>North West Surrey CCG noted that the LCS was already in place, however the service specification for approval had included guanfacine, following approval of the shared care by the Prescribing</p>		

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	<p>Clinical Network and the NWS Clinical Executive. On this basis, North West Surrey CCG PCCC members approved the updated LCS.</p> <p>Guildford and Waverley CCG and Surrey Downs CCG PCCC GP members noted that some queries had been raised in their respective PCOGs that had not yet been addressed. On this basis, they were unable to approve the LCS.</p> <p>The Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> • Approve the updated LCS. <p>The North West Surrey CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Approved the updated LCS. • Agreed the next steps as follows: Communication to be sent to practices via locality meeting; information to be sent to all practices for sign up due to amendment in LCS; and updated shared care documents to go on the Prescribing Advisory Database. <p>The Guildford and Waverley CCG and Surrey Downs CCG Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • Did not approve the updated LCS. PCCC members asked that queries raised by the PCOGs are addressed and that CFu be satisfied with the finances; following which a Chair's action be taken to approve the updated LCS for each of Guildford and Waverley CCG and Surrey Downs CCG. <p><i>LH left the meeting.</i></p>		
8	<p>Primary Care Commissioning and Development Programme Assurance Report including Primary Care Home exception report</p> <p>ED presented the Primary Care Commissioning and Development Programme Assurance Report which included updates on each of the five workstreams. She noted that Extended Access system allows practices to book Extended Access appointments throughout Surrey Heartlands. LM noted that perhaps it would be worth promoting this wider publically, e.g. in public spaces.</p> <p>Jl also noted that patients were unable to book extended access appointments online and that these had to be made through the practice and that the system for practices was not intuitive. ED to examine these areas.</p> <p>With regards to the Primary Care Home exception report, ED noted that a menu of opportunity had been circulated to practices across Surrey Heartlands setting out a number of potential service developments that can be explored and delivered at network/cluster level. Three out of eight clusters in North West Surrey have identified particular areas of focus in terms of the services and support they would like to provide, five out of six in Surrey Downs and one out of four in Guildford and Waverley. A Primary Care Home Network Steering Group had been established for North West Surrey (NWS) to discuss future governance arrangements.</p>	ED	31/10/18

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	<p>CT noted that the balance between local flexibility versus national messaging needed to be managed as each cluster would operate differently based on 'local' arrangements. He also queried how this would fit into wider work around Integrated Care Partnerships (ICP). ED confirmed that ICP representation was involved in the NWS Primary Care Home Network Steering Group.</p> <p>JB asked for an update on how all three CCGs were progressing with the 'cluster' model. She also noted that the governance principles needed to be worked through if the clusters were to hold and manage their own finances.</p> <p>JP commended the report as being clearly written, however suggested that consideration be given to the amount of text displayed in tables vs prose.</p> <p>ED agreed to consider the above and include further detail regarding finances and governance, as well as an update on all CCGs' clusters in the November progress paper.</p> <p>The Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> Review the progress of the C&D programme delivery. Provide feedback on the proposed direction of travel in relation to the newly established Surrey Heartlands primary care networks steering group. <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> Agreed the next steps as follows: Development of programme documentation to support the mobilisation and delivery of projects; Agreed that a paper detailing proposed governance and finance arrangements for Surrey Heartlands primary care homes will be presented to the PCCCinC meeting in November. NMo to add to the agenda. 	ED	31/10/18
Finance			
9	<p>Month 5 Finance Reports (August):</p> <ol style="list-style-type: none"> Guildford and Waverley North West Surrey Surrey Downs <p>CFu presented the Month 5 Finance Reports for each CCG, highlighting the below:</p> <ul style="list-style-type: none"> Main risk for delegated budgets, for Guildford and Waverley CCG and North West Surrey CCGs, was that the CCGs were still awaiting confirmation regarding the DDRB Award from NHS England. This would be paid to practices from October 18. Other main risk is regarding the 'true up' position for 2017/18 and charges for 2018/19 which had slipped from September 2018 to October 2018. Once received, this will enable the CCGs to update their forecast positions. 		

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	<ul style="list-style-type: none"> Additional LCSs approved were also using the reserves for delegated commissioning. <p>Each Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> Note the risks and assumptions described within the report for their CCG. Approve the forecast position as reported to NHSE at Month 5 for their CCG. NWS CCG only- Note the progress on the priorities for investment. <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> Noted the risks and assumptions described within the report for their CCG. Approved the forecast position as reported to NHSE at Month 5 for their CCG. NWS CCG only- Noted that further work will be done on the priorities for investment. 		
10	<p><i>JE left the meeting.</i></p> <p>Primary Care Operational Group (PCOG) Part One Minutes :</p> <ol style="list-style-type: none"> Guildford & Waverley: 31/08/18 North West Surrey: 31/08/18 Surrey Downs: 31/08/18 <p>The Convenor presented the PCOG minutes as above and asked members to approve the recommendations from the PCOGs as referred in the cover sheet.</p> <p>The Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> Note minutes of G&W and NWS PCOGs on 31st August 2018. Approve the recommendations from the PCOGs. <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> Noted minutes of G&W and NWS PCOGs on 31st August 2018. Approved the recommendations from the PCOGs. 		
Other Business			
11	<p>Any other business</p> <p>No other business was raised.</p>		
12	Meeting close		

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	The meeting closed at 11:50		
Future meeting dates:			
<ul style="list-style-type: none"> • 09 November 2018, NWS CCG offices – 58 Church Street, Weybridge, Surrey, KT13 8DP. • 14 December 2018, G&W CCG – Dominion House, Woodbridge Road, Guildford, GU1 4PU. • 11 January 2018, NWS CCG offices – 58 Church Street, Weybridge, Surrey, KT13 8DP. • [08 February 2019, G&W CCG – Dominion House, Woodbridge Road, Guildford, GU1 4PU.] • 08 March 2019, TBA. 			
Signed and agreed by (Committee Chair):			
Jonathan Perkins, Lay Member General (Convenor) Signature:		Date:	
Minutes agreed for publication by (Executive Leads):			
Vicky Stobart, Managing Director- Guildford and Waverley CCG Signature:		Date:	
Karen Thorburn, Managing Director- North West Surrey CCG Signature:		Date:	
Colin Thompson, Managing Director- Surrey Downs CCG Signature:		Date:	