

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

MINUTES

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

Date	09/11/2018	Time	11.15 – 1:10 pm
Venue	Rooms 4,5 and 6, NW Surrey CCG, 58 Church St, Weybridge KT13 8DP		

Members/ Attendees

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Voting members				
Jonathan Perkins (JP)	Lay Member General, Surrey Heartlands CCGs (Chair)		✓	
Sue Tresman (ST)	Deputy Lay Member General (PCCC), Surrey Heartlands CCGs		A	
Jacqui Burke (JB)	Lay Member Audi, Surrey Heartlands CCGs		A	
Matthew Tait (MT)	Joint Accountable Officer, Surrey Heartlands CCGs		✓	
Karen McDowell	Chief Finance Officer, Surrey Heartlands CCGs		A ✓	
Deputy for KM : Claire Fuller (CFu)	Deputy Chief Finance Officer (Chair of NWS PCOG)			
Clare Stone (CSt)	Executive Director of Qualit, Surrey Heartlands CCGs		✓	
Dr David Ratcliffe (DR)	Independent GP		✓	
Dr Jane Dempster (JD)	Independent GP		✓	
Vicky Stobart (VS) Deputy for VS : Caroline Farrar (CFa)	Managing Director Deputy Managing Director (Chair of G&W PCOG)	A ✓		
Karen Thorburn (KS)	Managing Director		✓	

Reviewed by: JP, KT, CT, CFu, NM, HS

Primary Care Commissioning Committees Minutes 09/11/18

Working together as the Surrey Heartlands Clinical Commissioning Groups
 Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Colin Thompson (CT)	Managing Director			A
Lynda MacDermott (LM)	Patient Lay Representative	A		
Catherine Brunton-Green (CBG)	Patient Lay Representative		✓	
Helen Atkinson (HA)	SCC Director of Public Health	A		
Dr Clare Sieber (CS)	Surrey & Sussex Local Medical Committee Chief Executive (or nominated deputy)	✓		
Non-Voting members				
Caroline Cameron (CCa)	NHS England Representative	✓		
Kate Scribbins (KS)	Surrey Healthwatch Representative	✓		
Tim Oliver (TO)	Surrey County Council Chair of the Health and Wellbeing Board or nominated deputy	A		
Dr Jonathan Inglesfield (JI)	GP Representative	✓		
Dr Susan Denton (SD)	GP Representative	✓		
Dr Seda Boghossian-Tighe (SB)	GP Representation of SASSE Locality		A	
Dr Deborah Shiel (DS)	GP Representative of Woking Locality		✓	
Dr Njaimeh Asamoah (NA)	GP representative of Thames Locality		A	
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)	CCG GP Representative of East Elmbridge Locality			✓
Isata Green (IG)	Operational Practice Manager	✓		
Liz Reynolds (LR)	Operational Practice Manager		✓	
Vacant	Operational Practice Manager			-
In Attendance				
Phelim Brady (PB)	Patient Public Engagement Lay Member (GW) and Freedom to Speak Up Guardian	✓		
Nikki Mallinder (NM)	Associate Director of Primary Care Development	✓		
Helen Snelling (HS)	Head of Primary Care Contracts	✓		
Rachael Graham (RG)	Deputy Director of Non-Acute Contracts	✓		
Shelley Eugene (SE)	Head of Primary Care Development	✓		

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Linda Honey (LH)	Associate Director of Medicines Optimisation		✓ (Item 9)	
Liz Patroe (LP)	Head of Diversity, Engagement and Inclusion		✓ (Item 7ii)	
Justin Dix (JD)	Head of Corporate Governance (Minutes)		✓	
Rian Hoskins (RH)	Corporate Administrator		✓	

Item No.	DISCUSSIONS AND NEW ACTIONS	WHO	WHEN	REF
1	Welcome, Introductions and Apologies			
	JP welcomed members and attendees; apologies were received as detailed above. Colin Thorburn had sent late apologies not noted on the agenda. Dr Jane Dempster, as the new independent GP, was specifically welcomed.			
2	Declarations of Interest			
	The registers were noted. Handling of specific items under Item 7 (Fort House Surgery) and * were noted.			
3	Quorum			
	As the required quorum was met for each CCG, the Chairman declared the meeting open.			
4	Minutes from last meeting on 12th October			
	<p>It was noted that the minutes had been updated during the week.</p> <ul style="list-style-type: none"> • PB noted that LN had stated her intention to follow up her action on workflow. • LM had also queried extended access arrangements. <p>These two items would be picked up during the meeting.</p>			
	The minutes from the meeting on the 12 th October were AGREED as an accurate record.			

5	Action Log			
	<ul style="list-style-type: none"> G&W Action 13 - June 2018 STP Letter re capital. NM gave a recap on the history of this. A meeting had taken place and further updates would come via PCOGs but this work was now Business As Usual. <u>Action can be closed.</u> 			
	<ul style="list-style-type: none"> PCCC Action 6 – Booking of extended access appointments: SE clarified this was about ongoing work with 111 to develop systems in conjunction with federations. New Action : This would need technical considerations which would take time to resolve. A further update on this and extended access generally could be given early in 2019. NM noted this would best be timed for March or as soon thereafter as the evaluation allowed, when there was further information on utilisation and learning from the first six months. This was agreed. <u>Existing action can be closed.</u> 	NM	11/01/18	
	<ul style="list-style-type: none"> PCCC Action 7 - Cluster Development. NM gave an update on workload observatory work and the CCGs own tracker, which needed updating. Agreed to keep open for next meeting. 			
	MT said there was an action around Docman which did not seem to appear in the action log. It was noted that this was on the issues log further on the agenda and could be picked up there.			
6	Chair's Report			
	JP congratulated SDCCG on the successful outcome of the discussions with practices regarding whether or not the CCG should apply for delegated commissioning. The vote had been overwhelmingly in favour. This would now need a lot of work prior to it becoming operational by April 2019.			
	Frequency of PCCCs in Common meetings: It was noted that if agreed this would take effect from January (therefore no meeting in February). The December meeting would be devoted to financial issues / training.			
	HS noted that a general presentation for new members would also be useful. It would also be important if Bi-Monthly meetings were adopted to look at the detail of delegation to PCOGs at the January 2019 meeting.			
	JP asked all members to email him if they wanted other issues on the December agenda.			
	It was AGREED to move to bi-monthly meetings from January.			

7	Estates			
(i)	Estates Planning: NM noted that NHSE had highlighted the lack of information about GP estates in the CCG's strategies. Surrey Heartlands had commissioned a piece of work on a six facet survey to give a baseline of estates information, which would constitute a Minimum Data Set on the amount of space on each and the condition of the premises. This could be compared with known and predicted demographic changes to identify future capacity requirements.			
	Georgia Laws had pulled the three pieces of work together for the three CCGs and it was noted this had been a significant piece of work that was to be commended. A Surrey Heartlands Estates forum had been created with providers, GPs and local authorities to review the data; this would be led by Julian Wilmshurst-Smith from SDCCG. The forum would have a key role in advising on capital prioritisation, bids, and opportunities for funding.			
	Appendix A gave the wide picture across Surrey Heartlands. Appendix B was an attempt to cut the data for CCG, network and borough level analysis. The outcome should be a clear model for future prioritisation.			
	MT said this was an excellent piece of work which needed to connect to the wider out of hospital strategy and there were options for doing this. JI said this did need to take a long term e.g. 20 year view that picked up on workforce changes and RG agreed with this.			
	KT noted the significant challenges in NWS and the links to the Big Picture engagement process. The input of borough, district and county authorities would be key as the picture was very complex and needed a joined up approach.			
	JP asked if the broader public health picture would be incorporated into this and NM confirmed it would, but the existing baseline data needed to be thoroughly understood first.			
	PB also said that the work was impressive although some cross checking would be important; he also queried the formula behind room utilisation and although it was clarified this was done as part of the six facet survey work, a robust critical challenge would be important.			
	NM said that there were times of day when utilisation was higher than at others. JE said the back office work also needed to be catered for as seeing patients was only part of the work; in her experience most practices were fully utilising their estate. NM said it would be part of the forum's work to do this. Alternative solutions to simply adding on to existing practice estate needed to be looked at such as remote working and network working.			
	LM had asked how funding was secured and fairly applied. She was concerned that need and transport times as well as patient numbers were factored in. JB had also commented on decision making processes and this was acknowledged.			
	Agreed for a further update in six months. Lay members may be able	NM	10/05/19	

	to contribute to this work.			
	The progress on estates planning work was NOTED.			
(ii)	NWS CCG - The Fort House Surgery: It was noted that there had been significant engagement and interest in this issue. The funding routes were set out in the paper. The significant challenge was one of access to GMS in Walton where the existing premises constrained the delivery of primary care. At the same time there was vacant space in Walton Hospital which had been used temporarily following the Weybridge fire. This had been successful but had highlighted issues with parking.			
	The public were thanked for their contribution to the engagement process which ran over three weeks in September. LP outlined the public meetings, surveys and online opportunities which were highlighted in the paper. There was overall support for the proposal and the benefits this would bring in terms of access and improvements in quality. The concerns were mainly around parking and traffic congestion, which was acknowledged.			
	KT noted that the date for the travel plan had been queried. This had been delayed but would be submitted with the planning application and the outputs from the engagement report. A definitive date for the application should be identified in the next couple of weeks.			
	There had been a question as to how many people had responded online; this was noted as 5% but there had been significant input through other routes.			
	KT said that there was a risk to ETF funding if this process was delayed as this had to be utilised by the end of the financial year.			
	JE asked how this fitted with the earlier update on estates. NM said that ETTF funding was subject to existing short term bidding processes. Fort house had been one of two surgeries at the top of the priority list for this process. In future the baseline provided by the six facet survey would make prioritisation easier. KT emphasised the absolute and immediate need for improvements to access in Walton. Some services had had to be contracted out by the practice due to the space constraints.			
	It was also clarified that there was no current use of Fort House facilities for private work.			
	It was noted that bus access would be part of the transport plan detailed above. The new facilities would be within ten minutes' walk of the existing premises and closer to the density of the population served, resulting in an overall decline in miles travelled to access services.			
	JP asked that the hard work undertaken by all the staff involved be formally recorded.			
	The NWS PCCC AGREED to submit the application with the travel plan, as circulated by KT.			

	KT said the risks around this programme (including refusal of the planning application) would be added to the risk register.			
8	Extended Access			
	Status of contract issuance to the Federations for the delivery of Extended Primary Care Access: RG advised on the clarifications to questions about variations to APMS contracts. Legal advice had been taken from Hempsons. The completed documentation was now with federations for final signoff, having already been signed off by MDs.			
	The update was NOTED.			
9	Attention Deficit Hyperactivity Disorder (ADHD) in Childhood) Locally Commissioned Service (LCS)			
	LH attended for this item, which it was noted was complex.			
	NW Surrey already had an LCS for children with ADHD relating to ASPH but a new drug had now been NICE approved which required this agreement to be updated. There were separate processes around SABP which it was felt needed to be rolled out to the other two CCGs.			
	The shared care arrangements had also been updated at the Surrey network meeting this week.			
	DS queried whether the Surrey PAD aligned with this proposal. LH said that the only reason for this was because of technical delays with the PAD which had now been resolved. This should be complete by the end of next week.			
	It was noted that physical medication checks had not been updated in the document and she would raise this minor issue with LH outside the meeting. G&W were otherwise happy with the proposal.			
	NKi noted that there had been a significant number of questions from SDCCG about process and the practices did not feel they would be assured until they had had more presentations at locality level. The issues were particularly around buddying, and relationships with secondary care.			
	MT said that in his view it seemed that there was agreement from G&W PCOG subject to minor amendments but not from SDCCG PCOG. It was therefore noted that agreement for SDCCG would need Chairman's action once assurance had been provided.			
	<ul style="list-style-type: none"> The amendment to the NWS agreement was AGREED 			
	<ul style="list-style-type: none"> The adoption of the proposal was AGREED for G&W subject to the earlier comments and clarity around these. 			

	The adoption of the proposal SDCCG would be subject to chairman's actions following further discussion at locality level.	JD	11/01/19	
10	Contracts			
(i)	Risk Register			
	HS noted that all risks were now being transferred onto Datix but there were issues about ensuring that risks were correctly logged and reported, and that all risks were aligned to the correct responsible officer.			
	The current concern was the risk around Open Exeter which was a long term concern. The delay in approving the risk was due to lack of clarity about owner and getting their signoff.			
	JP noted there were wider corporate risks that related to primary care, workforce being an example. This was acknowledged and work was in hand to ensure that risks were properly categorised and reported. At the moment there were some concerns that risks were being reported at other forums without the assurance that they were being dealt with.			
(ii)	Issues Log			
	Docman: This was a national issue as previously reported. NM said that a CAS alert had been issued and CCGs had been asked to report on the level of risk this represented at local level. There were 46,000 documents that had not been processed across Surrey Heartlands.			
	11 practices had identified capacity problems with addressing this issue and these had all been contacted and offered CCG support. MT asked whether this represented a significant risk to the local system. NM said the risks identified to date were low but it was acknowledged that there could be issues for individual patients. This however was a national not just a local problem.			
	Concern was expressed about the potential for further single points of failure in modern IT systems and the lack of training provided in this particular instance. JI noted that copying letters to GPs was a safeguard in this particular instance. Agreed that NM would check with NHS Digital on the risks in this area.			
	NHS PS Leases: Enquiries were reducing which was a good sign. There could be an increase in numbers of queries when SDCCG went live with delegated commissioning.			
	DS noted that there were delays in getting responses and HS said she would be happy to help with following these up. It was also noted that some cases were marked as "resolved and closed" when in fact they had not been.			
	HS noted there was a national change to this policy which meant that locum cover for doctors on phased returns to work could now be claimed.			

11	Month 6 Finance Reports:			
	CF gave an overview of the key issues.			
	<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 had been paid to practices from October 18. 			
	<ul style="list-style-type: none"> Other main risk is regarding the 'true up' position for 2017/18 and charges for 2018/19 which had slipped from September 2018 to December 2018. Once received, this will enable the CCGs to update their forecast positions. 			
	JB had asked about the YTD Actual payments and how much of this was estimated. CF said that the main elements (GMS & PMS Global sum) were based on monthly payments, updated quarterly for population adjustments, the only significant estimate was QOF as actual achievement is not known until the end of the financial year. It was queried what the basis for the payments of the estimated QOF payments was and it was confirmed that historical levels were used.			
	JP asked about G&W practice prescribing and the year-end variance. CF said this was due to prior year adjustments. .			
12	Primary Care Commissioning and Development Programme Assurance Report, including an update on all CCG's primary care networks.			
	SE gave an update. The tracker was producing good information and there had also been feedback from PCOGs. Key highlights were as follows:			
	<ul style="list-style-type: none"> Extended access was at 100% across Surrey Heartlands and the focus going forward would be on KPIs, uptake and patient feedback. A workforce strategy was being developed £1 per head funding for PCNs and £1.50 per head for Practices had been clarified so that business cases could be submitted. Workflow support had been put in place and many practices were benefitting; it was planned to disseminate this more widely. Time for Change – this was being reviewed across Surrey Heartlands. 			
	MT asked about delivery dates for NW Surrey. It was clarified these were accurate but similar deadlines needed to be rolled out more widely across G&W and SDCCG to ensure the picture was not distorted.			
	MT asked about the Primary Care Homes process led by Donna Derby. NM said this was now coming back under the Primary Care team.			
	JP referred to the question from LM about making the information			

	more accessible to practice reps. It was confirmed this would be taken forward.			
	JP said it might be useful to have a focus on individual items throughout theyear going forward and NM said she would produce a work plan for future meetings.			
13	PCOG Part One Approved Minutes from 28 September 2018			
	It was noted that there were a lot of embedded documents which were not accessibe on Diligent. EU said it was the duty of the paper's author to highlight which ones needed picking out as most of them were not material.			
	The minutes were noted.			
	Noted that SDCCG Part 2 were unconfirmed and would normally be in a P2 meeting but it was useful to have them available in a timely fashion.			
14	Any Other Business			
	Online COI training was highlighted and all members were asked to ensure they had done their training. Justin Dix had a list of those who were still outstanding.			
15	Meeting Close			
	The meeting closed at 1.10 pm			
<p>Dates of next meetings:</p> <ul style="list-style-type: none"> • 14 December 2018 Seminar GW CCG, Dominion House, Woodbridge Road, Guildford, GU1 4PU. • 11 January 2019, NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP. • 08 March 2019, GW CCG, Dominion House, Woodbridge Road, Guildford, GU1 4PU. • 10 May 2019, SD CCG, Cedar Court, Guildford Road, Leatherhead, KT22 9AE 				
<p>[Ensure that signature boxes are not on a page by themselves.]</p> <p>Signed and agreed by:</p> <p>_____ Date _____</p> <p style="text-align: center;">Convenor name/ Chair Title</p>				
<p>Minutes agreed for publication by:</p> <p>_____ Date _____</p> <p style="text-align: center;">Executive Lead, Executive Lead title</p>				