

Agenda item: 10

Paper no: PCCC iC 09-19

Title of Report:	Surrey Heartlands Primary Care Update Report Dec 18 (inclusive of C&D programme delivery assurance)	
Status:	To Review	
Committee:	Committees in Common Board Part 1	Date: 11/01/2019
Venue:	NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP	

Presented by:	Nikki Mallinder, Associate Director of Primary Care Commissioning and Development	
Executive Lead sign off:	Nikki Mallinder, Associate Director of Primary Care Commissioning and Development	Date: 02/01/2018
Author(s):	Liz Davis, Head of Primary Care Commissioning and Development.	

Governance:

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Circulated virtually to G&W, NWS and Surrey Downs PCOG members on 18/12/18	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

This report is set out in three parts and replaces the previous reporting methods of both the GPFV Commissioning and Development Programme and PCOG recommendations.

Introduction to Part 1

The purpose of part 1 is to reflect all of the recommendations made at each of the Surrey Heartlands Primary Care Operational Groups in Nov 18. Oct 18 Confirmed minutes and Nov 18 Unconfirmed minutes are also included in this section.

Introduction to Part 2

The purpose of part 2 of this paper is to provide the Primary Care Operational Group and Committees in Common Board with an update on the five workstreams listed below that support the delivery of the GP Forward View strategy:-

- Investment
- Care Redesign
- Infrastructure
- Workforce
- Workload

In addition, Part 2 has been written with Patient Participation Groups in mind and as such has been designed in a more friendly format, to allow for extraction from this report and onward circulation where required.

Introduction to Part 3

The purpose of part 3 of this paper to provide an exceptional report on one of Primary Care's key programmes. This month the report focuses on the progress to date in relation to the General Practice Quick Start Development Programme

In preparation for 2019, Appendix 4 of this report sets out a timetable for the submission of Exceptional Reports on key projects to present to the bi-monthly Committees in Common Board.

Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	<ul style="list-style-type: none">• Objective 4: Primary Care development
What is the financial/ resource required?	<ul style="list-style-type: none">• No implication.
What legislation, policy or other guidance is relevant?	NHSE directive as identified in the GP Five Year Forward View and sub set of GPFV 'Primary Care Delivery 2018-2019
Is an Equality Analysis required?	All projects discussed in this report have completed QED's
Any Patient and Public Engagement/ consultation required?	Not applicable
Potential risk(s) ? (including reputational)	No risks have been identified or are expected to occur

Recommendation(s):

- 1 To review the Primary Care update report and consider the progress of the C&D programme delivery
- 2 To review/approve/make alternative recommendations regarding the 2019 schedule of Exceptional Reporting as detailed in Appendix 4 of the document

Next Steps:

Bi –monthly reporting to CiC to continue in reporting format presented

Surrey Heartlands Primary Care Update Report Dec 18

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Part 1 – Nov 18 PCOG Recommendations



Guildford and Waverley

- The members agreed not to partner with Surrey Heath in the procurement of translations services and voted to recommend translations services procurement option 2.
- To remove the caps on 12 lead ECG LCS.
- To recommend the changes to the Frailty LCS

G&W PCOG Part 1 Minutes	
Oct 18 Confirmed	Nov 18 Unconfirmed
 Confirmed 261018 GW PCOG Part 1 Minu	 Unconfirmed 30112018 GW PCOG



North West Surrey

- To recommend option 2 for the future procurement of interpretation and translation services.

NWS PCOG Part 1 Minutes	
Oct 18 Confirmed	Nov 18 Unconfirmed
 FINAL 261018 NWS PCOG Part 1 Minutes.	 Unconfirmed NWS PCOG Part 1 Minutes

Surrey Downs

- Agenda item 11 - To approve the ADHD LCS
- Agenda item 13.1 – To recommend to support option 2 for the future procurement of Interpretation and Translation service.

SD PCOG Part 1 Minutes	
Oct 18 Confirmed	Nov 18 Unconfirmed
 PCOG SD Minutes v2 Oct.docx	 Unconfirmed 231118 SD PCOG Part 1 Minu

Part 2 - Primary Care Commissioning and Development Programme Assurance – Dec 18

The Surrey Heartlands Primary Care Team has been working hard to develop, support and deliver the various projects that align to the GPFV strategy. The GPFV projects currently ongoing within the Primary Care directorate are as follows:

Care Redesign workstream

GP Extended Access Phase 1
Primary Care Networks
LCS review
MECC – Making Every Contact Count

Workload workstream

Workflow Optimisation
EMIS Search and Report
Active Signposting and Care Navigation
E-consult
Inappropriate workload pushback
Productive GP Quick Start
Learning in Action

Workforce workstream

Utilisation of existing workforce tools
Workforce Supply
Upskilling

New Roles
New ways of working in PCNs
Leadership
Practice Manager Training

Infrastructure (IMT) workstream
Badgernet
DOCMAN upgrade
IT refresh
Infrastructure (Estates) workstream
Capital Investment
Estates Projects: <ul style="list-style-type: none">- Dunsfold Aerodrome- Park Barn and Royal Surrey Merger- New Inn- Molesley Hospital- Longcroft- Weybridge Hospital.- Fort House- Sunbury

Care Redesign Workstream projects' status

Project/Scheme	Description	Progress to date
<p>GP Improved Access Phase 1</p>	<p>Increasing access to primary care evenings and weekends</p>	<p>Activity Uptake of extended access appointments is currently at approximately:</p> <p>NWS: 87% coverage G&W: 70% coverage Surrey Downs: Dorking - 77% GPHP (Epsom) 89% SMN (East Elmbridge) 82%</p> <p>Advertising NHSE have requested further weekly updates on advertising for improved access. The CCGs are continuing to review the advertising of Improved Access across all GP Practices in Surrey Heartlands. This includes review of practice websites, notices in practices and the response from staff answering the phone offering improved access appointments. The Primary Care team are also working with colleagues in the Communications Team of the CCGs to advertise the service on the CCGs websites and through social network sites. Information is fed back to the Federations to work with those practices who are not yet advertising the service</p> <p>Weekend access to appointments Care UK and 111 are looking into direct bookings for extended across Surrey Heartlands and the Primary Care team are working Care UK/111 to ensure that systems are ready for integration with Federations</p>
<p>Primary Care Networks</p>	<p>Bringing together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community, serving a population of 30,000 to 50,000.</p>	<p>Across the Heartlands – Primary Care Network SH steering group meeting established with first meeting due to be held on 20/12/18. Application forms for access to £1php for network development circulated to Network Leads, with processes established to monitor and record those who have submitted their claims to date.</p> <p>Surrey Downs –There are six established PCNs in Surrey Downs. The Networks have recently received information on their Practice Population and the AD for SD and the Head of Primary Care for SD are meeting with all PCNs to discuss the data with them. All but one of the PCNs have returned their signed PCN plans to release the .70p per head of the population</p> <p>G&W – Meeting held with Network Leads in November 18.</p>

		<p>Networks to subsequently hold another meeting without representation from CCG in December to decide on next steps. Primary Care team have offered to assist networks in the development of their financial plans and business models.</p> <p>NWS – 7 out of 8 networks firmly established. Generic MoU's and ToR's drafted and circulated to NWS network. Business Case template developed and circulated to network leads. Regular attendance from both CCG and NAPC at each Network's meeting.</p>
LCS review	Review Services Commissioned Locally	The Primary Care Team are continuing to review the LCS
MECC – Making Every Contact Count	MECC empowers and enables people to determine their own solutions towards improving their health & wellbeing and facilitates a platform for change by using exploratory conversational techniques with consistent lifestyle messages and signposting information.	<p>The MECC programme is also delivering staff training that will support a wide range of professionals (Health and social care) to raise healthy lifestyles conversations with their patients/clients. For this year, it is proposed that training of link workers will be aligned to MECC training and considered as the highest level of the MECC training offer.</p> <p>In G&W footprint, training sessions have been advertised. JD to book RSCH education room for local G&W sessions.</p> <p>A meeting is due to be held on 10 December with MECC to discuss the approach of how the programme is rolled out across the rest of the Heartlands.</p>

Workload Workstream projects' status

Project/Scheme	Description	Progress to date
Workflow Optimisation	Innovative way of improving capacity within general practice to release GPs time to do more of what they can do i.e provide more care for their patients.	Surrey Downs - Primary Care are working with HERE on engagement with practices in Surrey Downs. CC and MH have had calls with HERE to go through practices that need support and engagement. Ongoing support calls have been scheduled.
EMIS Search and Report	Published Searches and Reports to enable lifting of data from practices across the Heartlands	ES&R in NWS - The system is fully deployed, with every practice having turned on their sharing agreements. There have been some discrepancy in the figures, but this is down to a longstanding history of practices coding methods. This is getting better, but there are some training issues in place

		<p>with the practices. Work is still on-going in this regard</p> <p>ES&R in SD – No issues reported, BAU continues.</p> <p>ES&R in G&W – The system has been paid for and is all but ready to go. Sharing agreement forms for EMIS have been prepared. The delay is around the IG. Once the IG is in place, and GP engagement has happened, it will take EMIS 10 working days to configure the sharing agreements.</p>
<p>Active Signposting and Care Navigation</p>	<p>Training programme to enable GP Practice Reception staff to navigate patients to alternative services to access the most appropriate source of help. This includes any web and app-based portals to access self-help and self-management resources as well as signposting to the most appropriate professional outside gp practices. Receptionists/admin staff acting as care navigators can ensure the patient is booked with the right person first time.</p>	<p>The following practices in NWS have received training:</p> <ul style="list-style-type: none"> • Staines Health • Sunbury • Crouch • Goldsworth • Heathcot • Hillview • Parishes Bridge • Wey Family Practice <p>In G&W, the following 14 practices have taken part in EPI bronze level Signposting training:-</p> <ul style="list-style-type: none"> • Binscombe • Chiddingfold • Dapdune • Fairlands • Guildowns • Haslemere • Merrow • St Luke's • Horsley • Mill • Villages • Witley • Wonersh • Woodbridge <p>The primary care team are currently in the process of reviewing Active Signposting training packages to form part of an options appraisal to determine the best training package for all Practices across the Heartlands.</p>

<p>E-consult</p>	<p>Supporting practices to implement change elements to maximise outcomes.</p> <p>Improving the digital maturity of the patient population.</p>	<p>As at Dec 18 The project team has been working with GP practices and other stakeholders to understand the views of primary care and patients in the area, identifying areas where more information and research is needed. Findings of this work and the decision to extend this pilot will be used to outline requirements before moving into the procurement and deployment of online consultations in Surrey Heartlands.</p> <p>The six-month extended pilot (being mobilised at the moment) will inform the local requirements that go into procurement. The five suppliers selected from the NHS procurement framework to be involved are;</p> <ol style="list-style-type: none"> a. AT Tech – DrIQ b. Egton - Online Triage c. Medvivo – Doctorlink d. Silicon Practice – Footfall e. Wiggly Amps - Engage consult <ul style="list-style-type: none"> - Each of the five selected products will be trialled for six months at one practice in each of the CCG areas, so 15 pilots in total. - First priority for involvement has gone to practices involved in the 2017/18 online consultation pilot. - The second priority has gone to the practices which expressed an interest in contributing to the project following the first round of engagement in April this year. - The IT team have been contacting these practices and allocating products over recent weeks and have started mobilising the pilots. - Participating practices will be supporting the evaluation by conducting additional work to assess its impact.
<p>Inappropriate workload pushback</p>	<p>Working with local Trusts to reduce the amount of work being pushed back out of Secondary Care to Primary Care</p>	<p>Since Oct 18 4 large folders of letters have been added to the incidence log, which currently has 35 incidences recorded on it.</p> <p>Surrey Downs have met with Kingston Hospital clinical leads to review the inappropriate workload and referrals.</p>
<p>Productive GP Quick Start</p>	<p>On-site, hands-on training providing short term support package for practices that forms part of a local Time for Care programme. Alongside the 10 High Impact Actions, it aims to help practices</p>	<p>PLEASE SEE EXCEPTIONAL REPORT (PART 3 OF THIS PAPER)</p>

	release time for care and build improvement capability.	
Learning in Action	3 half day workshops designed to help GPs develop skills to drive efficiency in General Practice, redesign their care and manage demand more sustainably.	Expressions of interest to join the programme will be circulated across the Heartlands this month, offering Practices the opportunity to sign up.

Workforce Workstream projects' status

Project/Scheme	Description	Progress to date
Utilisation of existing workforce tools	Working with STP/NHSE/HEE to develop a medium and longer term primary care workforce strategy.	PCWT's will shortly be meeting with Peter Lacey from Whole System Partnership to look at scenario modelling with PCNs as a care model. WSP have been commissioned by NAPC to provide a demand analysis for PCNs and we can use the evidence to support our skills gap
Workforce Supply	<p>a) Pre employment school leavers, pre reg students from nursing, medicine, paramedics working with HEI and deanery.</p> <p>b) International GP recruitment Programme</p> <p>c) Retention - programme to encourage our GPs and nurses to stay.</p> <p>d) Return To Practice - identifying nurses and doctors still on NPR to return to GP</p>	Numbers of IGPR significantly lower than predicted, encouraged to work across KSS rather than as STP. Biggest win may be bespoke piece on retention - identifying numbers at risk of leaving, whereabouts in their career, how and what we can do to persuade them to stay bespoke project using STP/SHWAB bid funds. Successful attendance at careers event at Epsom aimed at year 10 students. Ongoing work with UniS as part of Curriculum Development group, aiming to develop new pre reg curriculum for BSc Nursing that incorporates Primary Care placement, likely at Network level. 1 RTP student currently on placement in NW Surrey practice.
Upskilling - role enhancement (clinical and clerical)	<p>Role enhancement in the form of ongoing CPD opportunities in line with STP priorities and individual development requirements.</p> <p>Development of career pathways in line with National frameworks to align competencies and educational standards.</p>	<p>2 HCAs (NWS and SD) applied and accepted for NA apprenticeship working with CSH to make use of their levy to support the practices with backfill. Devising training and education plan for 2019 to ensure training meets SHP priorities for nurses and HCAs. CEPN projects in progress for space in UoS Sim Suite, School of Health, and EMIS training.</p> <p>4 dates have been secured to deliver INR training in 2019, all based at NWS CCG HQ. Circulated via PCWT's and scheduled to go in Spotlight soon.</p> <p>The L3 Safeguarding Forum took place on 28th November and was the most attended across the Heartlands geography with 21 GPs and PNs in attendance.</p>

<p>New Roles</p>	<p>Rolling out of piloted medical assistant programme. Nurse Associate apprenticeship opportunities with CSH. Educational opportunities to develop those new in post. MSc opportunities to create Advanced Clinical Practitioners.</p>	<p>Training programmes are in place for PA - 1st cohort from Surrey graduated June 18, Clinical Pharmacists 17 HC/12.83 across SHP 2 current commissioned places for NA via apprenticeship and 2 ACP. Medical Assistant pilot completed in SH with excellent outcome CEPN project to roll out across SHP.</p>
<p>New ways of working in PCNs</p>	<p>Alignment of workforce into Primary Care Networks, ICP and ICS, education and training to become more place based, extended hours, integrated workforce culture, clinical competency frameworks to allow for greater consistency and quality assurance.</p>	<p>Working with GP practices to see value of new roles in primary care - pharmacist, PP,PA ACP etc. Need to change current practice in primary care to reflect new skills or team member.</p>
<p>Leadership</p>	<p>Encouraging all primary care staff to take advantage of HEE Leadership programmes, mentorship development in line with new NMC guidance to support new learners, ensuring mentors in practice to support all types of student, effective preceptorship programmes</p>	<p>Improved financial quote from Kingston to provide non-credit bearing training aim to get dates asap. UniS finalising plans for future Mentorship courses and what the new Practice Supervisors/Assessors will look like. STP funded Mary Seacole training to start rolling out from Feb 2019.</p>
<p>Practice Manager training (NWS)</p>	<p>Training allows Practice Managers to gain an understanding of how successful practices organise themselves both strategically and operationally.</p>	<p>All scheduled Practice Manager training for 2018 has now taken place, feedback has been collected and certificates have been individually issued.</p> <p>Practice Manager Training Scheduled for 2019 – Two members of staff commencing ILM Level 3 and two commencing Level 5</p> <p>Admin Managers are also welcome to attend the 2019 Practice Manager Training</p> <p>All scheduled training for reception staff has now taken place and participants can request certificates via logging in to the training provider portal</p> <p>There is an “official” GPFV training package available for PM training and this is going to be managed by the LMC. Further details are being gathered on how this is progressing.</p>

Infrastructure Workstream projects' status

Project/Scheme	Description	Progress to date
Badgernet	Electronic maternity records training	<p>Surrey Downs – Badgernet presentation will at the Epsom locality meeting in December and action taken from there.</p> <p>G&W – not applicable</p> <p>NWS – 31 out of the 37 practices using Badgernet have received training to date.</p>
DOCMAN upgrade	Upgrade of the Docman application from version 7 to version 10.	<p>Surrey Downs: Project complete subject to two Practices:</p> <p>Ashley Centre - the Practice is planning to move to a new location and therefore have not been migrated onto the COIN. The migration will not take place.</p> <p>Ashlea Medical - this Practice requires a RE-IP, which is currently being planned by HCL before they can move to the COIN and then Docman 10.</p> <p>G&W: Programme will start at the completion of NWS.</p> <p>NWS: 13 sites live, 5 booked to go and the remaining are waiting for Docman schedule availability. "</p>
IT refresh	Refresh of out of warranty hardware, Windows 10 upgrade, single domain and cloud based back up of GP data	The CSU have produced a Statement of Works that is currently being reviewed by the CCGs
Estates Projects:		<p>Forthouse:</p> <p>Planning application submitted on the 19th November, aiming to be discussed at the 8th February Borough Council Planning Committee.</p> <p>Packers:</p> <p>Change of use for the space over the road, to go through today at the planning meeting. The proposal of the space needs to be worked up again so room sizes are compliant with guidelines.</p>

	<p>Dunsfold Aerodrome:</p> <p>Progress on the application is unknown. AG/JWS to review and identify the application submitted. CCG & SCB to remain in contact over the progress of the application and Loxwood concerns. Reviewing the options appraisal. Further meeting will be scheduled once updates were available.</p> <p>Park Barn & Royal Surrey Merger:</p> <p>Options paper is still under development and will be discussed at PCCC / PCOG in due course.</p> <p>New Inn Surgery:</p> <p>6 month extension has been granted by the landlord for the practice to remain on the current site. Further discussions continue as to the longer term options.</p> <p>Sunbury: Heads of terms yet to be signed – level of service cap remains the only material o/s issue</p> <p>If signed by end of December then scoping work can start early January. Building work could start end of March early April with a circa 3 month build time. Build time will need to factor in that this will be an operational practice so work will need to be phased around this.</p> <p>All of this is however dependent upon NHSE agreeing to 100% funding.</p>
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Part 3 – Exceptional Report Dec 18

Productive General Practice Quick Start – Part of the ‘Time For Care Programme’

The Productive General Practice Quick Start Programme (PGP QS) was initially showcased as part of NHS E's latest Time for Care presentation across the Surrey Heartlands in September 18. It was well received and as a result practices submitted expressions of interest for the NHS E programme within the two week consideration period.

As at Dec 18 - 22 practices have signed up to the Productive General Practice Quick Start Programme, 14 in NWS, 3 in Surrey Downs and 5 in Guildford.

Following receipt of submitted Expressions of Interest, a local pre-engagement event was arranged with Qualitas Consortium UK Ltd. The event was well attended by a mixture of GPs, Practice Managers and senior reception staff and there was a strong sense of willingness to commit both the time and resources required in order to take full advantage of the programme.

A delivery plan has been drafted and the programme is due to commence on the 17th December with the programme is scheduled to complete on the 18th March 2019.

As the programme commences, Surrey Heartlands Primary Care Team are committed to supporting the General Practice workforce. The team recognises that PGP QS is of strategic importance and value to both the commissioner and the provider. The programme compliments, aligns to and supports the work already happening at a local level, embedding knowledge, strengthening capability and resilience and supporting GP practices, networks and federations to manage pressures on their capacity, workflow and workload.

In order to maintain the momentum gathered from participation in the programme, Qualitas have agreed to provide a half day 'Train the Trainer' session for the Primary Care Workforce Development Tutors, to ensure the spread, adoption and sustainability of the programme beyond the official delivery period. In addition to this, Federations and the PGP QS Champions will act as a conduit, conveying information and sharing tips for best practice regarding the 10 High Impact Actions with the smaller practices, who often find it more difficult to engage and enact change.

How PGP QS supports the delivery of the 10 High Impact Actions:

The Ten High Impact Actions and Time for Care Programme are an integral part of our Primary Care Development Strategy. Last year we held a Heartlands event, for over 200 healthcare professionals from North West Surrey, Surrey Downs and Guildford and Waverley. The main speaker was Dr Robert Varnam, then Head of General Practice Development at NHS E, and the event showcased the Time for Care Programme as well as providing three breakout sessions, where attendees could learn more about active signposting, online consultations and document management innovations.

As a result of this event, over a quarter of the attendees submitted an expression of interest to join the 'Time for Care' programme. Subsequently the Primary Care Team has been working closely with Rachel Hinde, Programme Lead, for the 'Time for Care' General Practice Development Programme at NHSE in order to take this forward.

Workstream Assurance reporting table - Appendix 1

- RAG ratings for individual metrics within each theme outlined in the workstream assurance tracker have been determined according to the thresholds outlined in Appendix 3
- Each metric has been independently scored based on a scoring matrix and thresholds as outlined in Appendix 3
- The overall RAG rating for each metric has been determined by averaging out the number of reds, greens, ambers and yellow subsequently scored by individuals who are involved in the direct delivery and/or support the programme.

The assurance table below focuses on projects with a required delivery date, however projects that support the overall delivery of the GP Forward View which do not have an expected delivery date, will still be monitored and supported to deliver efficiently and within timeframes agreed.



WORKSTREAM	Processes/Operational activity for the five GPVF workstreams:	Target date for completion of project delivery	Programme Delivery Assurance	Governance Assurance			Programme Management - Assurance from those responsible for delivering specific objectives or processes			Functions - Assurance that Issue and Risk frameworks are operating effectively			Financial Assurance		
			Scheme on track to meet target date of completion	Alignment of the interests and strategic direction of all stakeholders involved in the development and delivery of this project.	Reporting arrangements established and operating effectively - Internally and Externally	Quality Equality Diversity Impact Assessment completed	Yes/No	Plan in place setting out how SH CCGs will support the growth and development of the programme	Needs/Resources in place to ensure successful development, implementation and full mobilisation of project.	Management Review - evaluation methods and metrics in place to measure progress and outcomes	Issues noted are being dealt with effectively and within agreed timescales	Input Risk (impact on progress and mobilisation of programme)	Output Risk (impact on overall delivery)	Level of investment to support scheme £000	Measures/Plans in place to ensure and support financial management and oversight of programme expenditure.
Care Redesign	Objective of Assurance activity - confidence in effectiveness of tasks required to achieve successful delivery														
	Extended Access (Phase 1) To have service fully operational by 1.10.18	01/10/2018	H	H	H	Yes	H	H	H	H	H	H	£ 3,375	H	H
	Extended Access (Phase 2) - Procurement Exercise	31/03/2020				M							£ -		
	Primary Care Homes including Population Health Project- Provision of care to a defined, registered population of between 30,000 and 50,000	31/03/2019	M	H	M	M	M	L	N	M	M	M	£ 1,231	M	M
LCS/PCQS - To review all LCS's in a phased approach for implementation 1.4.19	31/03/2020	M	H	H	n/a	n/a	M	M	M	M	M	n/a	n/a	n/a	
Workload (incorporating core elements of Time For Care Programme)	Objective of Assurance activity - confidence in effectiveness of tasks required to achieve successful delivery														
	Workflow Optimisation - Freeing up GP time by reducing the amount of paper workflow to the GP's. Reduced turnaround times of actions for patients as GP time is more accurately targeted. Improved coding from incoming letters resulting in more complete medical record and improved QOF. Encourage communication within the practice team and build resilience in the practice team. Develop staff skills and job satisfaction	31/03/2020	H	H	H	Yes	H	H	M	M	M	L	£ 153	n/a	n/a
	EMIS Search & Reports - Releasing capacity of Practice Manager time spent running searches and checking coding is correct.	01/03/2020	H	H	H	Yes	n/a	H	H	H	M	M	n/a	n/a	n/a
	Active Sign posting (Care Navigation) - Redirecting patients to appropriate services or self-help options and reducing the number of unnecessary GP appointments. Reception staff given training and access to a directory of information about services, in order to help them direct patients to the most appropriate source of help or advice.	31/03/2019	M	M	L	M	M	M	L	L	L	L	£ 153	L	L
e-consult - Reduce the number of unnecessary appointments by enabling patient to complete online information and send to the GP for triage.	31/03/2020	H	H	H	Yes	H	H	M	M	M	M	£ 300	H	H	
Workforce	Objective of Assurance activity - confidence in effectiveness of tasks required to achieve successful delivery														
	National and Local workforce tools - effectively utilised to produce a robust workforce baseline and identify gaps in roles, head count and skills required. Once gap identified, need to develop a plan to address issues identified.	31/03/2019	M	M	M	M	n/a	M	L	N	L	L	£ -	N	N/A
	Supply - Increasing the number of newly qualified and return to practice nurses into primary care. Maintaining or increasing numbers of school leavers into health and social care programmes. Efficient knowledge sharing as part of retirement planning. Aim to be in line with other NHS employers in terms of terms and conditions of employment.	31/03/2019	L	M	L	M	L	M	L	N	L	L	£ -	L	L
	Upskilling - role enhancement (clinical and clerical). To increase the number of individuals working to the top of their registration, and looking to further develop as appropriate. Consistency of education and training to reduce variation and improve health outcomes. Apprentices in primary care.	31/03/2019	H	H	H	M	H	H	H	H	H	H		H	H
	New roles - at all levels (clinical and clerical) to include Nursing Associates, Paramedic Practitioners, Physicians Associates, Mental Health Practitioners, Clinical Pharmacists, Care Navigators, Medical Assistants, Advanced Clinical Practitioners, Primary Care Homes to represent multi skilled professional workforce. Career development opportunities at all levels. GP practices engaged with apprenticeships.	31/03/2019	M	M	L	M	L	L	L	N	L	L	£ -	L	N/A
	New ways of working - Primary Care Homes to serve an increased patient population therefore need to ensure education and training opportunities are in line with STP priorities. Greater consistency of care given to optimise health outcomes.	31/03/2019	M	L	L	M	M	M	M	M	L	L	£ -	M	M
Leadership - Encouraging all primary care staff to take advantage of HEE Leadership programmes, mentorship development in line with new NMC guidance. Qualified mentor in every practice across Surrey. Leaders across all professional disciplines. Increased number of placement opportunities. Increased staff satisfaction and retention.	31/03/2019	H	M	H	M	H	H	H	H	M	M	£ -	M	M	
Infrastructure IMT	Objective of Assurance activity - confidence in effectiveness of tasks required to achieve successful delivery														
	DOCMAN - upgrade of the Docman application from version 7 to version 10.	31/05/2019	H	M	H	Yes	H	H	H	M	M	M	n/a	H	M
	IT Refresh	31/12/2019	L	M	L	Yes	M	M	L	L	L	L	£ 1,754	L	L
	G&W Dunsfold Aerodrome	TBC	L	M	L	No	H	L	L	M	L	L		L	L
	G&W Park Barn and Royal Surrey Merger	TBC	L	M	L	No	L	L	L	L	L	L		L	L
	G&W New Inn	TBC	L	L	L	No	M	L	L	M	L	L		L	L
	SD Molesey Hospital	TBC	L	L	L	No	L	L	L	L	L	L		L	L
	SD Longcroft	TBC	L	L	L	No	L	L	L	L	L	L		L	L
NWS Rebuild of Weybridge Hospital following fire 2017 Church and Rowan practices affected and waiting rebuild	31/03/2021	L	L	L	Yes	H	L	L	M	L	L		L	n/a	

Appendix 2

Commissioning and Development Programme Tracker



CD Programme
Tracker V.23.xlsx.xlsx

Contents consist of:

- PCOG Recommendations
- Primary Care Investment 18-19
- GPFV – Investment
- GP IT Capital- Investment
- NAPC – Investment
- C&D Workstream Assurance Reporting Tracker
- Care Redesign Workstream Project tracker
- Workload Workstream Project tracker
- Workforce Workstream Project tracker
- Infrastructure Workstream Project tracker- IMT
- Infrastructure Workstream Project tracker- Estates
- Risk Register
- Issue Register
- Action Log
- NWS Estates Action Log
- Surrey Heartlands' QIPP projects for 19/20



Appendix 3

A programme assurance scoring and guidelines framework is outline below and has been developed based on a combination of two separate methodologies detailed below:-

***'Measures for Assuring Projects'* (APM, 2016)**

***'Board Assurance: A toolkit for health sector organisations'* (NHS Providers, 2018)**

Scoring Guidance

<p>1 = Not yet established/fit for purpose.</p> <p>Ex: Significant lack of recognisable effective processes.</p> <p>Critical issues threaten the success of the project.</p> <p>There is limited confidence of success at this stage</p>	<p>2 = Minor level of assurance exists. Significant improvement required</p> <p>Ex: Plans/Procedures are in the early stages of development undertaking</p> <p>There is a high degree of risk of deviations and errors may be highly likely.</p> <p>Indequacy of processes and project performance exist</p>	<p>3 = Moderate level of assurance exists, programme controls maturing but further improvement required.</p> <p>EX: Procedures have been standardised and documented, however some significant deviations may not have been detected by the project team</p> <p>Minor problems may be occurring, but there is little risk of the project failing. Documents are fit for purpose and have a level of detail and structure that is in proportion to the project.</p>	<p>4 = Fully effective level of assurance.</p> <p>Ex: Monitors and measurements are compliant with procedures</p> <p>Action where processes appear not to be working effectively.</p> <p>Processes are under constant improvement and provide good practice</p> <p>Progress and achievement on the project is at target or better.</p> <p>The project is demonstrating innovative techniques, thought leadership and best practice.</p>	N/A
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Appendix 4

DRAFT PROPOSED SCHEDULE

2019 Exceptional Reporting schedule (Part 3 of the C&D Paper)

Project	Date for presentation to CiC Board
GP Quick Start Programme	11 January 2019
Primary Care Estates	8 March 2019
Primary Care Networks	10 May 2019
Primary Care Workforce	12 July 2019
GP IT	13 September 2019
Primary Care Investment inc QIPP progress	8 November 2019

PRIMARY CARE OPERATIONAL GROUP NWS Part 1

Confirmed MINUTES

Date	Friday 26 th October	Time	12:30 -14.00
Venue	North West Surrey CCG, Room 1,58 Church Street, Weybridge, Surrey KT13 8DP		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Dr Deborah Shiel (DS)	GP Representative – Woking Locality
Members	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care, North West Surrey CCG
	Helen Snelling (HS)	Head of Primary Care Contracts, North West Surrey CCG
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Steve McCarthy (SMC)	Patient Representative
	Mandeep Singh (MS)	Primary Care Finance Manager
	Cathie Sims (CS)	Practice Manager Operations, SASSE Locality
	Linda Honey (LH)	Associate Director Medicines Management, North West Surrey CCG
	Dr Richard Brown (RB)	SS LMCS Medical Director
In Attendance	Jessica Bungay (JB)	Locality Team Administrator (notes)
	Dr Caroline Baker (CB)	NICS GP Federation
Apologies Members	David Clippingdale (DC)	Practice Manager Operations, Woking Locality
	Asha Pillai (AP)	GP Representative – Thames Medical Locality
	Liz Davis (LD)	Head of Primary Care, Surrey Heartlands CCG's
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
	Claire Fuller (CF)	Deputy Chief Finance Officer, North West Surrey CCG
	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs

	<i>Name</i>	<i>Title</i>
	Dr Paul Sodhi (PS)	GP Representative, SASSE Locality
	Perminder Oberai (PO)	Primary Care Pharmacist
	Tracey Amatt (TA)	SS LMCs
Apologies Attendees		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	<p>Welcome, Introductions and Apologies The Chair welcomed members and attendees; apologies were received as detailed above.</p> <p>They reminded all that confidential papers should be handed in after the meeting for secure disposal.</p>		
2	<p>Declarations of Interest See separate document for templates</p>		
3	<p>Quorum * As the required quorum was met, the Chair declared the meeting open.</p>		
4	<p>Minutes from last meeting on 28th September</p>		
5	<p>Matters Arising from last meeting: Action Log Please see appendix 1 for the Action Log.</p>		

Agenda Items

6	<p>Assurance Report from Commissioning & Development Each month this report is generated to provide an update on the progress of work undertaken by the Primary Care Team in order to support the delivery of General Practice Forward View (GPFV).</p> <p>The document provides a detailed overview under the five main workstreams; - Investment, Care Redesign, Infrastructure, Workload and Workforce.</p> <p>Extended Access Extended Access went live from the beginning of October with all providers. Providers have been linked in with the Directory of Services Lead and pro forma has been sent to out to them for completion to allow 111 to book into these appointments.</p> <p>There are outstanding queries on the contracts so none are signed yet but the contracting team have raised the queries with Hempsons.</p> <p>NM as asked that Wil Newman supports the 111 integration as this is a very technical piece of work.</p> <p>Primary Care Networks (PCN) NM gave background on the funding stream for PCN's. A one off £1 per head per patient for infrastructure & £1.50 per head per patient which</p>		
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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>Matthew Tait had agreed to be recurrent until 2021 for services to patients. The financial framework is going to the joint Executive Team (JET) on the 6th November and is expected to be shared with the localities at a later date.</p> <p>NWS has implemented a PCN steering group with a purpose to aid the delivery of a successful PCN programme. SE noted that the Surrey heartlands partnership also have a Primary Care Network and development group that meet each month, rotating across the Surrey Heartlands. This group will be used to share best practice and support the networks with the NAPC at the table.</p> <p>Social prescribing An audit is being carried out across GW and Surrey Downs to identify the numbers of practices that actively refer into social prescribing across the Surrey Heartlands.</p> <p>During the G&W PCOG RB expressed concerns with the terminology “referring into”. In discussions the LMC had, had with other GP colleagues it was felt that “sign posting” would be a better term as referring into implies the GP has clinical confidence in the referral. It had been addressed at this meeting the wording in the report be amended.</p>		
7	<p>Estates NM explained that PCCC is looking to move to bi-monthly meetings and there is a workshop in Dec instead of a meeting. NM proposed that all PCOGs have a workshop too to look in more detail at the Estates, Workforce and IT programmes of work.</p> <p>It was agreed that this would form the agenda for the November meeting for NWS CCG also. Part 2’s for PCOG would continue as normal.</p>		
8	<p>Care Home LCS The Care home LCS is in response to pressure into General Practice regenerated by Care Home Patients. The LCS proposes enhanced services in proactive care management of these patients.</p> <p>This offers an 1hr enhanced care planning assessment of each patient admitted to a care home within 14 days of admission and two 15 minute follow up reviews annually.</p> <p>LH raised concerns that the specification overlaps with services already in existence such as the red bag service and Community Health services. The paper didn’t articulate whether it had been developed in consultation with these services.</p> <p>DS also question the finances within the paper and whether they adequately reflected the work that would need to be provided by general practice to support. NM reported that it had been developed with the LMC who had provided a draft specification for a LCS already in existence.</p> <p>There where conversations that specification should also look into palliative care patients. Often general practice never gets remunerated for the work undertaken for short stay and palliative care patients in care</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>homes. Action: LD to work with the Care home team to amend the LCS to reflect palliative care and short stay care home patients.</p> <p>The paper would need further work and more input from the wider teams then to come back to PCOG.</p>	LD	30/11/2018
9	<p>Interpreting & Translation Services & Increase in locum reimbursement On the 1st October the CCG went live with the Interpreting and translation Services.</p> <p>Practices shouldn't see a variation in service as the same providers are being used whilst the CCG goes out to procurement. The CCG are in the process of streamlining the booking process with the providers. Currently all would like to use their own unique codes but discussions are happening regarding the possibility of using a practices H Code.</p> <p>A working group is being put together in order to shape the procurement of the future service. HS asked that people contact her if they wish to be involved.</p> <p>Increase in locum reimbursement The FSE has been amended to include GP's on a phased return back to work. We are awaiting the formal document from the DOH and will back date according to the document guidelines.</p> <p>During G&W PCOG NSHE had agreed to share the FSE document with HS.</p>		
10	<p>NICS Updated LTS Business Case 18/19 – Dr Caroline Baker Dr Caroline Baker (CB) attended the meeting to present the LTS Business Case 18/19. CB reported that following the last meeting the changes requested by PCOG had been amended.</p> <p>NM reported that the paper had been discussed at the last PCCC through the minutes of PCOG from September. It was explained that it had been articulated to PCCC it would come back in November following the amended changes.</p> <p>Home Visiting Following the changes requested CB explained that this would involve hiring a GP per locality to support home visiting across the patch. This would enable the GPs to book directly into a NICS home visit book, to request a NICS GP.</p> <p>NM reported that when reading the revised document it wasn't clear that this was a 'member facing' service but the presentation reflected this. NM requested that an introductory paragraph was inserted to state that this scheme was for member practices to refer then this approach was a very robust support service to practices.</p> <p>RG expressed the finances for administrative support was too high and should be reviewed.</p> <p>Action: CB to reflect the changes requested to Home visiting for onward travel to PCCC.</p>	CB	30/11/18

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>Docman Workflow – Previously the committee felt that this project had been funded already via the GPFV money via a project called HERE. NM noted that challenges had been faced in the implementation of this programme as it required a change programme and input from GPs to support the transition. The Committee agreed that if we could embed this change programme this would be very beneficial and that whilst it was supported by the committee we would expect NICS to use the HERE measuring tool alongside the CCG.</p> <p>Digital appointments – NICS as part of extended access have recently partnered with LIVI to offer digital appointments across NWS. The business case proposed funding an additional 200 consultations a week. The committee requested that NICS will need to study and evaluate the initial LIVI appointment delivery that has been purchased through the improved access scheme. The committee was happy to make this recommendation to the committee.</p>		
AOB			
11	<p>AOB No AOB's raised.</p>		
12	<p>Recommendations to PCCC</p> <p>The recommendation to PCCC</p> <ul style="list-style-type: none"> • Agenda item 10 – to approve the NICS Updated LTS Business Case 18/19. 		
Date of next meeting: Friday 30 th November 2018			
Signed and agreed by:			
Nikki Mallinder, Associate Director of Primary Care Commissioning and Development			
Date:			

Appendix 1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	26/10/18	8	Action: LD to work with the Care home team to amend the LCS to reflect palliative care and short stay care home patients.	30 th November 2018	LD	Update	OPEN
2	26/10/18	10	Action: CB to reflect the changes requested to Home visiting for onward travel to PCCC.	30 th November 2018	CB	Update	OPEN
3	28/09/18	7	Action: LD to bring back the Dopplex ability paper to PCOG in either Dec/Jan with a clear articulation of where the funding would be coming from and how this service could be delivered at a locality level.	25 th January 2019	LD	Update: NWS December PCOG has been cancelled. This will be put forward for 25 th Jan	OPEN
5	28/09/18	10	Action: CF to issue a report on LCS expenditure following PCOG on the 28 th September.	30 th November 2018	CF	Update: On the agenda for 26 th October	OPEN

Guildford and Waverley Primary Care Operational Group Part 1

PCOG Confirmed MINUTES

Part One

Date	26 October 2018	Time	09:00 – 10.30
Venue	Guildford and Waverley CCG, Boardroom, 3rd Floor, Dominion House, Woodbridge Road, Guildford GU1 4PU		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Caroline Farrar (CFA)	Deputy Managing Director, G&W CCG
Members	Dr Jonathan Inglesfield	GP Representative – Waverley Locality
	Helen Snelling (HS)	Head of Primary Care Contracts, Surrey Heartlands CCGs
	Kath Andrews (KA)	Primary Care Commissioning Manager, Surrey Heartlands CCGs
	Dr Susan Denton (SD)	GP Representative – Guildford Locality
	Robin Forward (RF)	Practice Manager, Guildford Locality
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
	Claire Fuller (CF)	Deputy Chief Finance Officer, Surrey Heartlands CCGs
	Rose Parry (RP)	Patient Representative
	Caroline Cameron (CC)	Assistant Contract Manager, NHS England – South East (Kent, Surrey and Sussex)
	James Cotton (JC)	NHS England – South East (Kent, Surrey and Sussex)
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Suzanne Case-Green (SCG)	Primary Care Contracts Manager, Surrey Heartlands CCGs
	Dr Richard Brown, deputising for Dr Clare Sieber	Surrey and Sussex LMCs
In Attendance	Philip Ellis-Martin (PEM)	Care Home Project Officer

Reviewed by Caroline Farrar

	<i>Name</i>	<i>Title</i>
	Karina Ajayi (KAJ)	Head of Children's Commissioning – Community Health Services
Apologies Members	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
	Liz Davis (LD)	Head of Primary Care Commissioning, Surrey Heartlands CCGs
	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care
	Rachel Mackay (RM)	Head of Medicines Management, G&W CCG
Apologies Attendees		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	Welcome, Introductions and Apologies The Chair welcomed members and attendees; apologies were received as detailed above.		
2	Declarations of Interest CFA declared an interest as a trustee for Bliss a charity for babies born premature or sick. CFA has declared this to the Governance team and will be reflected in the COI register.		
3	Quorum * As the required quorum was met, the Chair declared the meeting open.		
4	Minutes from last meeting on 28th September The minutes from the previous meeting were agreed as an accurate record.		
5	Matters Arising from last meeting: Action Log – Caroline Farrar Please see appendix 1 for the Action Log. Actions 1 & 2 – SE updated that these actions could be combined as one. SE met with Phil Chapman and discussed the concerns raised in the document that had been circulated to practices by Procure about patients that shouldn't be booked into extended access appointments. SE explained that the homeless population registered with a Guildford and Waverley GP practice could access extended hours' appointments through 111 out of hours and students could access appointments as a temporary registered patient with a G&W practice. NM noted that 111's access into the extended access appointments needed to be aware of this criteria. Questions were raised as to whether patients on the special allocation scheme could access extended access appointments given they were registered with a provider in Hampshire. It was agreed that homeless people and students will have access to		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>extended hours' appointments, if they are registered with a practice in G&W (including temporary registration).</p> <p>There were further discussions on ensuring that the criteria for patients accessing appointments were appropriate. SE and NM both noted that they had been unaware of the communication that had gone out to practices from Procure until it was raised at the September PCOG. It was agreed that the CCG should have sight of any communications from Procure before they go out to practices.</p> <p>Action: SE to feedback the conversations at PCOG on the patient criteria for extended access appointments and ask that the CCG has sight of future communications to practices on extended access.</p> <p>Jl noted that it would be of benefit to know who used the appointments. SE agreed to bring the statistics for the service back to each PCOG in November across Surrey Heartlands.</p> <p>Action: SE to bring back to each PCOG in November the statistics for the Extended Access services across Surrey Heartlands.</p>	<p>SE</p> <p>SE</p>	<p>30/11/18</p> <p>30/11/18</p>
6	<p>Assurance Report from Commissioning & Development – Shelley Eugene & Nikki Mallinder</p> <p>Each month this report is generated to provide an update on the progress of work undertaken by the Primary Care Team in order to support the delivery of the General Practice Forward View (GPFV).</p> <p>The document provides a detailed overview under the five main workstreams; - Investment, Care Redesign, Infrastructure, Workload and Workforce.</p> <p>SE noted the main highlights for the members over the last month.</p> <p>Extended Access</p> <p>Extended Access went live from the beginning of October with all providers. Providers have been linked in with the Directory of Services Lead and a pro forma has been sent to out to them for completion to allow 111 to book into these appointments.</p> <p>A meeting has been arranged for the week of 29 October to ensure all contracts are signed off, this hasn't delayed the delivery of service.</p> <p>Primary Care Networks (PCN)</p> <p>NM reminded members about the funding streams to support the implementation of Networks and to support networks to deliver new services to the patient population.</p> <p>A one off £1 per head of patient population for engagement & £1.50 per head of patient population which Matthew Tait had agreed to be recurrent until 2021 for services to patients. The financial framework is going to the Joint Executive Team (JET) on 6 November and is expected to be shared with the localities soon after its approval.</p> <p>SD and JI both raised concerns that PCNs and the funding streams this</p>		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>would provide for general practice had been discussed for some time and some colleagues were very eager to get going. There was a concern that apathy could be created the longer the funding took to be available at network level.</p> <p>NM explained that when the CCG purchased the NAPC programme the clinicians at the table asked that it not be CCG led.</p> <p>NWS has implemented a PCN steering group with a purpose to aid the delivery of a successful PCN programme. SE noted that the Surrey Heartlands partnership also have a Primary Care Network and development group that meet each month, rotating across the Surrey Heartlands CCGs. This group will be used to share best practice and support the networks with the NAPC at the table.</p> <p>A PCN network leads meeting is being arranged in GW to include the NAPC, CCG and Primary Care.</p> <p>Population Health packs are being put together to support networks. It is expected these will be distributed in November.</p> <p>On 8 November there will be a Primary Care Networks Surrey Heartlands Hackathon; representatives of general practice are invited to attend the afternoon to help support the development of data packs that provide information that is useful to Primary Care in gaining a more in-depth understanding of their local population.</p> <p>Social prescribing An audit is being carried out across GW and Surrey Downs to identify the numbers of practices that actively refer into social prescribing across Surrey Heartlands.</p> <p>RB expressed concerns with the terminology “referring into”. In discussions with other GP colleagues it was felt that “sign posting” would be a better term as referring into implies the GP has clinical confidence in the referral.</p> <p>Action: SE to change the terminology within the Assurance Report document from “referring into” to “sign posting”.</p>	SE	30/11/2018
7	<p>Estates – Nikki Mallinder NM explained that PCCC will now be moving to bi-monthly and the December meeting will be a workshop. NM proposed that the November PCOG include a much broader update on the Estates, Workforce and IT programmes of work.</p> <p>It was agreed that this would form the agenda for the November meeting.</p>		
8	<p>ADHD LCS - Karina Ajayi KAJ explained that as part of the CAMHS interim plan the ADHD LCS means that the patient is seen in a specialist service annually and in primary care annually meaning that the patient is reviewed every six months for these medications which is in line with guidelines.</p> <p>Since its last presentation at the meeting the supporting clinical advice and guidance has been added into the specification with the addition of</p>		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>guanfacine.</p> <p>RB noted that the specification on page 3 articulated a “physical medication review” and that if this was just to ensure the medication was not impacting on the child’s physical development it should be called a “physical review” instead.</p> <p>Jl also addressed the specification detailing the need for a sexual development review for those taking melatonin. There were discussions that this responsibility fell to the consultant and the specification should reflect this. CF noted that this specification had gone through MOG and there were no concerns that it wasn’t the consultant responsibility but this should be clarified. NM said that this should include assurance that if needed primary care should have the option to fast track patients back into the hospital service.</p> <p>Training had been offered within NWS to support this LCS and to ensure equity this should be offered within the other two CCGs.</p> <p>Action: KAJ to make the following changes and clarifications to the specification for G&W.</p> <ul style="list-style-type: none"> • Change the terminology relating to the physical review. • Clarify that patients can be fast tracked back into the hospital service if required. • To adjust the wording of the specification to clearly articulate who is responsible for checking any delayed sexual development. 	KAJ	30/11/2018
9	<p>Unplanned Admissions Review for Frailty – Kath Andrews</p> <p>In June 2017 the specification for this LCS was revised following a review of funding. Part of the LCS asked practices to review patients following an unplanned admission into the acute that could have been avoided and report it back to the CCG monthly.</p> <p>The aim was to use this information to identify gaps in services. The CCG would use this information to implement pathway changes.</p> <p>It is felt that the data is no longer meaningful and the purpose of this paper is to propose the unplanned admissions review be removed as a practice requirement. A full year of data has been gathered and further themes identified that will be addressed through the developing frailty pathway</p> <p>KA reported that practices could still report through the quality portal any concerns, it would just no longer be a requirement.</p> <p>The proposal was discussed and concerns raised about the issue of continuing to pay practices for work that was no longer being carried out. KA and CFA explained that this would be a temporary solution until the LCS could be reviewed in line with new frailty pathways. However, as part of the development of the new pathways, meetings with each PCN were planned with the Clinical Lead for Unplanned Care to discuss unplanned admissions and variation in levels of activity between practices.</p> <p>It was agreed that the paper should be amended to state that practices</p>		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>would be paid for attendance at two such network meetings over the course of Q3 and Q4, instead of carrying out and reporting the systematic review,</p> <p>It was agreed that data gathered in each quarter should be reflected in the paper and circulated virtually to the members for sign off so that It could be presented at the next PCCC. CFA agreed to support KA in this action.</p> <p>Action: KA and CFA to amend the paper with the alternative proposal and for this to be circulated virtually to the members for sign off so it could be presented at the next PCCC.</p>	KA/CFA	30/11/2018
10	<p>Interpreting and translation Services & Increase in locum reimbursement – Helen Snelling</p> <p>On 1 October the CCG went live with the Interpreting and translation Services.</p> <p>Practices shouldn't see a variation in service as the same providers are being used whilst the CCG goes out to procurement. The CCG are in the process of streamlining the booking process with the providers. Currently all would like to use their own unique codes but discussions are happening regarding the possibility of using practice H codes.</p> <p>A working group is being put together in order to shape the procurement of the future service. HS asked that people contact her if they wish to be involved.</p> <p>Increase in locum reimbursement</p> <p>The FSE has been amended to include GPs on a phased return back to work. We are awaiting the formal document from DH and will backdate according to the document guidelines.</p> <p>CC noted that NHSE had a copy of the FSE document and would share with HS.</p> <p>Action: CC to share a copy of the FSE document with HS.</p>	CC	30/11/2018
AOB			
11 11.1	<p>AOBs</p> <p>Flu preparedness – PEM</p> <p>In preparation for the winter period, the CCG will provide information to care homes about flu covering vaccinations, infection control and reporting of flu outbreaks.</p> <p>The information provided includes national and CCG guidance. PEM outlined the G&W process chart for flu in care homes</p> <p>On review of the process chart there were concerns that the wording placed a bigger workload on general practice with reference to prophylaxis patients.</p> <p>It was agreed the fourth paragraph of the “Do residents or staff have the following” should be revised and an excel spreadsheet with the auditing process in line with the CQC requirements be included. This is being tested in G&W at present but the Surrey Heartlands approach should be</p>		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
11.2	<p>addressed moving forward. Action: PEM to revise the fourth paragraph of the “Do residents or staff have the following” flow chart and add an excel spreadsheet with the auditing process in line with the CQC requirements into the paper. Action: Ben Hill to look at the SHP approach for flu preparedness.</p> <p>SMI The data for the SMI health checks could be pulled by the CCG directly for Surrey Downs and NWS.</p> <p>G&W had to be sent the searches and report back the data on a template provided. It had been reported that the searches provided didn't work. When looked into with more detail this only affected Haslemere who used Vision so they had to be given the codes directly.</p>	<p>PEM</p> <p>BH</p>	<p>30/11/18</p> <p>30/11/18</p>
12	<p>Recommendations to PCCC</p> <p>The recommendations to PCCC are;</p> <ul style="list-style-type: none"> • Agenda item 8 – Following virtual sign off at PCOG, the recommendation to PCCC will be to approve. • Agenda item 9 – Following virtual sign off at PCOG, the recommendation to PCCC will be to approve. 		
Date of next meeting: 30 November 2018			

Appendix1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	26/10/18	5	Action: SE to feedback the conversations at PCOG on the patient criteria for extended access appointments and ask that the CCG has sight of future communications to practices on extended access.	30 th November 2018	SE	Update 26th October:	OPEN
2	26/10/18	5	Action: SE to bring back to each PCOG in November the statistics for the Extended Access services across the Surrey Heartlands.	30 th November 2018	SE	Update 26th October:	OPEN
3	26/10/18	6	Action: SE to change the terminology within the Assurance Report document from “referring into” to “sign posting”.	30 th November 2018	SE	Update 26th October:	OPEN
4	26/10/18	8	Action: KA to make the following changes and clarifications to the specification for G&W. <ul style="list-style-type: none"> • Change the terminology within to articulate the responsibilities of practices with a physical review. • Clarify that patients can be fast tracked back into the hospital service if required. • To adjust the wording of the specification to clearly 	30 th November 2018	KAJ	Update 26th October:	OPEN

Reviewed by Caroline Farrar

			articulate who is responsible for checking any delayed sexual development.				
5	26/10/18	9	Action: KA and CFA to reflect in the paper the data that had been gathered in each quarter circulated virtually to the members for sign off so it could be presented at the next PCCC.	30 th November 2018	KA/CF A	Update 26th October:	OPEN
6	26/10/18	10	Action: CC to share a copy of the FSE document with HS.	30 th November 2018	CC	Update 26th October:	OPEN
7	26/10/18	11	Action: PEM to revise the fourth paragraph of the “Do residents or staff have the following” flow chart and add an excel spreadsheet with the auditing process in line with the CQC requirements into the paper.	30 th November 2018		Update 26th October:	OPEN
8	26/10/18	11	Action Ben Hill to look at the SHP approach for flu preparedness.	30 th November 2018		Update 26th October:	OPEN
9	31/8/18	6	ACTION: CF to look at the LCS caps	28 th September 2018	CF	<p>Update 31st August: Comparison work will be undertaken to review the impact of lifting caps on Spirometry and LMC.</p> <p>To date, the budget is committed.</p> <p>This will form part of the LCS service review across Surrey Heartlands aligned with the additional pressures of the LCS for CAMHS ADHD and Health checks for mental health.</p> <p>Update 26th October: This will come back to the meeting in November.</p>	Open

Reviewed by Caroline Farrar

10	31/8/18	10	ACTION: NM, KA, SE and CF to have a meeting outside of PCOG to talk about engagement.	28th September 2018	KA	<p>Update 31st August: A meeting has been organised with GPs to discuss</p> <p>Update 28th September: A meeting has been scheduled for the 4th October and an update would be given at the meeting on the 26th October</p> <p>Update 26th October: The meeting on 4th October had to be cancelled and is being re-scheduled.</p>	Open
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PRIMARY CARE OPERATIONAL GROUP Surrey Downs

Confirmed Minutes

Date	26/10/2018	Time	13.00-15.00
Venue	Surrey Downs CCG, Cedar Court, 36 Guildford Rd, Fetcham, Leatherhead KT22 9AE		

Members/ Attendees:

	<i>Name (initials)</i>	<i>Title</i>
Chair:	Lorna Hart (LH)	Deputy Managing Director
Members:	Shelley Eugene (SE)	Head of Primary Care Commissioning and Development
	Charlotte Clark (CC)	Primary Care Manager
	Dr Jill Evans (JE)	Clinical Chair, East Elmbridge locality
	Dr Nicola Kirby (NK)	Clinical Chair, Epsom locality
	Dr Robin Gupta (RG)	Dr Robin Gupta (RG)
	Nanette Nobes	Practice Manager, Dorking Locality
	Tania Omany	Practice Manager, Epsom Locality
In Attendance:	Suzanne Moore (SM)	Children's Clinical Lead
	Stephen Murphy (SMu)	Head of Collaborative Commissioning
	Karina Ajayi (KA)	Head of Children's Commissioning
	Oliver McKinley (OM)	Head of Planned Care
	Jordi Dix (JD)	Primary Care Administrator
Apologies Members:	Dr Natalie Moore (NM)	Clinical Director Planned Care
	Joseph Todd	Practice Manager, East Elmbridge Locality
Apologies Attendees:		

Freedom of Information: Those present at the meeting should be aware that their name will be listed in the agenda and action notes of this meeting, which may be released to members of the public on request under Freedom of Information requirements.

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Item No.	Timings:	Item:	Action:	Presenter:	Paper No:
1	13.00-13.15	Welcome, Introductions and Apologies		Chair	Verbal
2		Declarations of Interest <ul style="list-style-type: none"> To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. To receive any declarations of interest pertinent to items on this agenda. 		Chair	
3		Quorum *		Chair	Verbal
4		Minutes from last meeting on 28/09/2018		Chair	Paper (1)
5		Matters Arising from last meeting: Action Log		Chair	
6	13:15 – 13:20	Feedback from PCCC		SE	Verbal
7	13.25-13.40	Assurance Report from Commissioning & Development		SE	Paper (2)
8	13:40 – 13:55	ADHD LCS		SM	Paper (3)
9	13:55 – 14:05	CSH Update		LH	Verbal
10	14:05 – 14:15	Workforce tool		JH/SE	Verbal
11	14:15 – 14:25	Earwax		NM/SE	Verbal
12	14:25 – 14:40	Population and referral data packs		LH	Verbal
13	14:40 – 14:50	Risks		SE	Verbal
14	14:50 – 14:55	IT		CC	Verbal
AOB					
15	14:55 – 15:00	AOB			Verbal
		Recommendations to PCCC		Chair	Verbal
		Meeting close			
Future meeting dates:					
<ul style="list-style-type: none"> 23/11/2018 13.00 – 15.00 – paper deadline (16th November) 28/12/2018 13.00 – 15.00 - paper deadline (20th December) 					

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Item No.	Minutes	BY WHOM	DEADLINE
1	<p>Welcome, Introductions and Apologies</p> <p>LH welcomed membership to the meeting and apologies were noted.</p>		
2	<p>Declarations of Interest</p> <p>There were no declarations of interest pertinent to items on this agenda.</p>		
3	<p>Quorum</p> <p>It was noted that the quorum requirement forms part of the Primary Care Operational Group (PCOG) terms of reference. This is a standard agenda item.</p>		
4	<p>Minutes from Last Meeting on 28/09/2018</p> <p>Members discussed the minutes of the last meeting and agreed no further amendments were necessary.</p>		
5	<p>Matters Arising from Last Meeting: Action Log</p> <p>The action log was reviewed and updated.</p>		
6	<p>Feedback from PCCC</p> <p>NK raised the issue that clarification was required from Primary Care Commissioning Committee (PCCC) on the reporting flows between the PCCC and PCOG. There was a concern that the reporting routes between the meetings were not structured in a timely manner to ensure that localities were fully engaged with the discussions. NK stated that it would be helpful for PCCC to articulate the forward view from PCCC going forward and to share that for discussion with input from the localities. Equally it was felt that any recommendations going to PCCC from PCOG should also be discussed with localities prior to recommendations to PCCC.</p> <p>ACTION: SE to discuss with NM/Governance team and report back to PCOG.</p> <p>There was a general discussion on the roles of locality, primary care network leads and federation leads. It was felt that clarity was required for the roles going forward.</p> <p>Locality leads wanted to ensure that they retained a local input into items going to PCCC.</p>	SE	
7	<p>Assurance Report for Commissioning and Development</p> <p>SE presented the Commissioning and Development Assurance Report and highlighted updates from the paper as follows:</p> <ol style="list-style-type: none"> 1. Extended Access was confirmed to be live across Surrey Downs and that the next steps were to implement NHS 111 direct booking. 2. Social Prescribing – County and Borough council colleagues have attended Locality Meetings to discuss Social Prescribing referrals. NK raised the concern that she was still unsure on communication routes for making a referral for social prescribing. Concern was also expressed at the lack of resourcing for this 		

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Item No.	Minutes	BY WHOM	DEADLINE
	<p>project across the Surrey Downs area</p> <p>ACTION: CC to follow up on clarification on social prescribing referrals.</p> <p>NK raised that the cover sheet for the C&D report was mainly focused on North Surrey CCG outcomes and was not reflective of the work of Surrey Downs CCG. RG acknowledged that a number of the projects were across Surrey Heartlands Partnership (SHP) and the information would therefore be consistent across, however it was requested that going forward any local variance would be reported accordingly.</p> <p>ACTION: SE to update C&D reporting as discussed.</p> <p>TO raised that staff working in practices might not be aware of the work undertaken within the tracker. SE stated that GP Forward View was discussed at each of the locality meetings and that the representatives of each practice should report back to their colleagues. It was agreed that the summary tracker would be a standing agenda item at the locality meetings.</p> <p>ACTION: C&D summary sheet to be added to locality meetings.</p>	<p>CC</p> <p>SE</p> <p>CC</p>	
8	<p>ADHD LCS</p> <p>SM confirmed that a draft LCS was presented to PCCC which was not approved by both Guildford and Waverley and Surrey Downs CCGs. She noted that the ADHD LCS was already in place in North West Surrey CCG. Following the PCCC meeting, Surrey Downs Medicines Optimisation Group (MOG) reviewed the LCS and the subsequent paper was presented to PCOG.</p> <p>It was noted the reasoning behind the ADHD LCS was that Surrey and Borders had issues with capacity and had requested that the CCGs support them in managing children with ADHD in primary care. SM noted that a large proportion of children are on medication. The Acute Tariff would support the children on medication with ADHD and the LCS is a shared care provision.</p> <p>The purpose was to monitor the children on medication and undertaken an assessment based on</p> <ul style="list-style-type: none"> • Height • Weight • Pulse • Appetite • Sexual Development <p>Members were unsure why the requirement of information for Sexual Development was requested, it was stated that the Tanner Test would be required alongside this. RG suggested removing this requirement as it was felt it was not appropriate for this LCS. It was recommended that this would be done and SE noted that G&W GPs had also requested the same at their PCOG.</p>		

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Item No.	Minutes	BY WHOM	DEADLINE
	<p>Members also requested that the wording for a Physical and Medication review be changed to an ADHD Review. This was agreed and again SE confirmed that the G&W GPs had also requested the same.</p> <p>Members requested clarification for support from SABP and that this is confirmed prior to the signing of the LCS.</p> <p>SM also confirmed that the age range, which was not detailed in the specification, was 6-18 years.</p> <p>SMu stated that there will be clinical system supportive tools for practices to utilise.</p> <p>It was requested this specification is presented to Locality Meetings for practice members comments prior to any recommendation to PCCC. SM highlighted that the next quarter will commence in January therefore this agreement will need to take place before the end of December. It was also communicated that GP's wished for further training in this service.</p> <p>ACTION: The Specification to be presented at Locality Meetings for agreements and then to be returned to PCOG for a recommendation.</p> <p>ACTION: Sexual Health review to be removed from the specification and name changed to an ADHD Review.</p> <p>ACTION: Clarification on the age range to be added to the specification</p> <p>ACTION: Clarification on support from SHBP</p>	<p>SE</p> <p>KA</p> <p>KA</p> <p>KA</p>	
9	<p>CSH Update</p> <p>LH updated the meeting on the current legal issues with the CSH contract.</p>		
10	<p>Workforce Tool</p> <p>SE confirmed that currently take up by Practices for the Workforce tool was at 86% and that there will be a merged Workforce Tool in January to make the process more efficient.</p> <p>ACTION: SE to inform Practice Leads of those Practices who are not utilising the Toolkit.</p>	<p>JH/SE</p>	
11	<p>Earwax</p> <p>OM provided an update to Membership. It was confirmed there were gaps in the system and complaints have been received on the service. RG confirmed that he had reviewed the guidelines and will share this with OM for review at Clinical Cabinet before December 2018.</p> <p>ACTION: RG to forward review to OM and OM to share review at Clinical Cabinet, Localities and then forward to PCOG for recommendation.</p>	<p>RG & OM</p>	

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Item No.	Minutes	BY WHOM	DEADLINE
12	<p>Population Health and Referral Packs</p> <p>LH informed the membership that the Hackathon was taking place and encouraged members to attend. The CCG would be shortly providing the Primary Care Networks with their Population Health packs utilising DOCOBO and Surrey I information. The purpose of the population packs is to give PCNs the opportunity to review the information available to them on their population health to help support commissioning decisions for their localities.</p> <p>Referral packs will also be shared out to localities which inform practices of their referral activity data</p>		
13	<p>Risks</p> <p>No risks were raised</p>		
14	<p>IT</p> <p>CC informed the membership that the next GPIT meeting would be in November. RG was concerned that although funding was promised at the beginning of the year for dongles and laptops, this has not been initiated. CCG members informed the group that this has been raised to the CSU and Steve Abbott however it was agreed that the issue would be raised with Colin Tompson.</p> <p>ACTION: SE to raise concerns of funding for IT services to Colin Thompson.</p>	SE	
AOB			
15	<p>AOB</p> <p>SE informed membership that the vote for a delegated Clinical Commissioning Group was still open and would close at midnight and encouraged members to vote.</p>	Practices	
Date of next meeting:			
Friday 23rd November 2018 1.00 – 3.00pm			

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No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	26/10/18	6	ACTION: SE to discuss with NM/Governance team and report back to PCOG.	23 rd November 2018	SE	Complete	Closed
2	26/10/18	7	ACTION: CC to follow up on clarification on social prescribing referrals.	23 rd November 2018	CC	Complete	Closed
3	26/10/18	7	ACTION: SE to update C&D reporting as discussed.	23 rd November 2018	SE	C&D reporting discussed and a more local version will be available next month	Open
4	26/10/18	7	ACTION: C&D summary sheet to be added to locality meetings.	23 rd November 2018	CC	This will be made available at next meeting	Open
5	26/10/18	8	ACTION: The Specification to be presented at Locality Meetings for agreements and then to be returned to PCOG for a recommendation.	23 rd November 2018	SE	Complete	Closed
6	28/09/18	8	ACTION: Sexual Health review to be removed from the specification and name changed to an ADHD Review.	23 rd November 2018	KA	Complete	Closed
7	28/09/18	8	ACTION: Clarification on the age range to be added to the specification	23 rd November 2018	KA	Complete	Closed
8	28/09/18	8	ACTION: Clarification on support from SHBP	23 rd November	KA	Currently under discussion – awaiting feedback from CAMHS	Open

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				2018			
9	28/09/18	10	ACTION: SE to inform Practice Leads of those Practices who are not utilising the Toolkit.	23 rd November 2018	SE/JH	For discussion at November PCOG meeting	Open
10	28/09/18	11	ACTION: RG to forward review to OM and OM to share review at Clinical Cabinet, Localities and then forward to PCOG for recommendation.	23 rd November 2018	RG/O M	Needing clarification	Open
11	28/09/18		ACTION: SE to speak to Colin Thompson to escalate the issue of practices requesting GPIT equipment.	23 rd November 2018	SE	Complete	Closed

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PRIMARY CARE OPERATIONAL GROUP Surrey Downs

Unapproved PCOG MINUTES

Part One

Date	23 November 2018	Time	13.00-15.00
Venue	Surrey Downs CCG, Cedar Court, 36 Guildford Rd, Fetcham, Leatherhead KT22 9AE		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Shelley Eugene (SE)	Head of Primary Care Commissioning and Development
Members	Nikki Mallinder (NMa)	Associate Director of Primary Care Commissioning and Development
	Charlotte Clark (CC)	Primary Care Manager
	Dr Phil Evans (PE)	GP, East Elmbridge Locality
	Dr Nicola Kirby (NK)	Clinical Chair, Epsom locality
	Dr Robin Gupta (RG)	Clinical Chair, Dorking locality)
	Nanette Nobes (NN)	Practice Manager, Dorking Locality
	Tania Omany (TO)	Practice Manager, Epsom Locality
	Joseph Todd (JT)	Practice Manager, East Elmbridge Locality
	Jo Hodgkinson (JH)	Primary Care Workforce Tutor and Development lead
In Attendance	Jess Bungay (JB)	Locality Team Administrator
	Gigi Langlois-Pearson (GLP)	Primary Care Contracts Manager
	Stephen Murphy (SMu)	Head of Collaborative Commissioning
	Georgia Laws (GL)	Primary Care Administrator
	Dan Shelton-Smith (DSS)	Technical Specialist\ Project Manager (Interim)
	James Bywell (JBy)	IT Project Manager

Reviewed by


	<i>Name</i>	<i>Title</i>
Apologies Members	Lorna Hart (LH)	Deputy Managing Director
	Claire Fuller	Deputy Chief Finance Officer
	Dr Jill Evans (JE)	Clinical Chair, East Elmbridge locality
	Dr Natalie Moore (NM)	Clinical Director Planned Care
	Carole Melody (CM)	Head of Finance
Apologies Attendees		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed members and attendees; apologies were received as detailed above.</p>		
2	<p>Declarations of Interest</p> <ul style="list-style-type: none"> To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. To receive any declarations of interest pertinent to items on this agenda. 		
3	<p>Quorum *</p> <p>As the required quorum was met, the Chair declared the meeting open.</p>		
4	<p>Minutes from last meeting on 26th October</p> <p>The minutes from the previous meeting were agreed as an accurate record.</p>		
5	<p>Matters Arising from last meeting: Action Log</p> <p>Action 1, agenda item 6 of the minutes on the 26th October – NM confirmed that governance routes for items that are worked up through the localities travel to PCOG before going to PCCC.</p> <p>Action 2, agenda item 7 of the minutes on the 26th October – RG raised concerns over the limited number of referrals that could be utilised by practices under the Mole Valley provider. SE agreed that she would contact the Mole Valley provider for Social prescribing and confirm the referral criteria.</p> <p>Action: SE to contact Mole Valley provider for Social prescribing to confirm the referral criteria.</p> <p>Questions were raised over the correct templates to use for the EGRES system.</p> <p>Action: JB to email Stephanie Isherwood and ask for a copy of the CVSA to distribute to practices.</p>	<p>SE</p> <p>JB</p>	<p>21 Dec 2018</p> <p>21 Dec 2018</p>


Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
6	<p>Finance Reports month 7</p> <p>SE gave CF apologies and presented the Primary Care Month 7 Finance report for Surrey Downs. The report explained the performance against GP forward view and primary care allocation to the end of month 7 2018/19.</p> <p>Questions were raised about the numbers allocated to Primary Care Team and Clinical Leads. Members asked for a further breakdown of this figure and why it came out as an overspend. Action: CF to clarify the Primary Care Team and Clinical Leads line of the primary care budget and detail how the figure has come out at an overspend.</p> <p>RG asked why the figures for home oxygen featured in the Primary Care budget as a separate line and not under Medicines Management. Action: CF to clarify why oxygen featured in the Primary Care budget as a separate line.</p> <p>Point 3. GP Forward View This sets out the plans for sustainable transformation of Primary Care. A number of these allocations are expected in April 2019 when the CCG takes on delegated co-commissioning.</p> <p>RG discussed an application that had been made at network level to support training of practice staff on Social prescribing.</p> <p>The members raised questions regarding the release of money to Primary Care Networks (PCN) and why these couldn't happen now in order for implementation to begin. NM explained that work was being undertaken to establish the entirety of the money, what has been spent and what remains. A paper could be discussed at network level but these would need to be with accredited schemes in order to ensure equity amongst the practices.</p> <p>Point 4. Delegated Co-commissioning Since Surrey Downs CCG voted for the CCG to take on delegated co-commissioning from April 2019 an application has been submitted to NHSE. From January the primary care team with the primary care contracting will begin to work with NHSE as part of the transition for delegated commissioning.. It was noted that these meetings should include Practice Manager representation. Action: SE to discuss with Primary Care Contracts inviting Practice Manager representation to the delegated co-commissioning meetings.</p>	<p>CF</p> <p>CF</p> <p>SE</p>	<p>21 Dec 2018</p> <p>21 Dec 2018</p> <p>21 Dec 18</p>
7	<p>Feedback from PCCC</p> <p>SE gave an overview of the items that had gone to PCCC in November.</p> <ul style="list-style-type: none"> The Estates Strategy was presented to PCCC and was positively received. NM reported that this was on the agenda today and would be discussed in more detail. 		

Reviewed by


Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<ul style="list-style-type: none"> The ADHD LCS went to PCCC and was coming back to PCOG on the agenda today following the changes requested for recommendation to approve. Extended Access is in the next stages of procurement. The engagement piece has begun to access what is wanted from the service. In the interim delivery is being run through the five federations across the Surrey Heartlands (SHP) <p>Action: SE to bring back a brief summary of the discussions to PCOG following each PCCC.</p>	SE	21 Dec 18
8 8.1	<p>IT Update</p> <p>One Domain James Bywell (JBy) attend the meeting as a GPIT project lead for the Surrey Heartlands to give an overview of the work being undertaken and the future changes in General Practice.</p> <p>JBy set out the key priorities to layout the foundations for digital maturity in General Practice.</p> <p>The NHSE forward view will see a longer term move to “One Domain” across the Surrey Heartlands.</p> <ul style="list-style-type: none"> There will be a migration on to one system. The domain will be available across the heartlands to include corporate sites. This will offer enhanced security controls Replicate data to a secure cloud back up and an incorporated upgrade to Windows 10. Software and Hardware will need to be refreshed to support the upgrade to Windows 10. This will enable a more collaborative and mobile working across sites and organisations from a simple remote access. <p>JBy noted that there is a mixed situation of GP remote access with AFMD, EMIS anywhere machines, AFMD and tokens. One Domain with provide a more cost efficient solution for the future.</p> <p>In the interim the plan is to provide 1 clinical member per practice to access remotely to ensure the user is able to work from any location that has an internet connection via a mobile phone app. Support for this will be provided by the SCW CSU. The CCG is awaiting a costing and the support proposal from the CSU before deployment.</p> <div style="text-align: center;">  <p>One Domain.pptx</p> </div>		
8.2	<p>GP online consultations Dan Shelton-Smith (DSS) gave an update to the membership on the progress on the GP Online consultation project.</p> <p>As part of the GP Forward View NHSE is funding a programme to improve patient care and their access to GP services. DSS leads the SHP project team. The project team have been engaging with practices</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>and other stakeholders to better understand the thoughts from practices and patients. Work is being undertaken to understand and evaluate the project research which came to a close in June 2018 and learn from the findings of the extended pilot which is evaluating 5 additional projects. This research will be used to set out what is required from the SHP procurement.</p> <p>The five suppliers selected as part of the procurement framework are;</p> <ul style="list-style-type: none"> • AT Tech • Egton • Medvivo • Silicon Practice • Wiggly Amps <p>These products are being trialled for six months with one in each CCG, 15 pilots in total.</p> <p>JT feedback as a pilot site and the members were able to see how the service was access by patients. JT reported that the product could be tailored to fit to specific pathways and Egerton is also indemnified.</p> <div style="text-align: center;">  <p>181121 GP online consultation PCOG I</p> </div>		
9	<p>Workforce Strategy</p> <p>JH presented the Primary Care workforce strategy which aims to support and sustain the staff with the correct skills rather than focussing entirely on people and roles.</p> <p>JH discussed the requirement for the SHP to meet the GP 5 Year Forward View target for an extra 5000 General practice. The figures demonstrate the shortfall of 50 GP's and the gap that will increase by 30 in 2020 if nothing is done to close the gap.</p> <p>Ways of closing the gap could be;</p> <ul style="list-style-type: none"> • Assuming the retirement is at 5%, the retirement could be reduced to 80%. • Reduce leavers/joiners from -5%to -2.5% • Reduce retirements to 80% and other leavers/joiners to 2.5% • Reduce retirements to 80% and other leavers/joiners to 2.5% and international GP recruitment. <p>Work needs to be undertaken to scope GP retention and understand what can be done to encourage GP to stay beyond the first 5 years. JH reported that she attends SHWAB and funds are available to support retention projects.</p> <p>Offering portfolio careers could be an opportunity to reduce the rate of retirements in GP's.</p> <p>JH reported there needs to be work done to understand the other roles within general practice and the impact that they have on the workload,</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>such as upskilling HCA's, training for PM's and non-clinical staff and encourage newly qualified nurses into general practice.</p> <p>NM asked that Fairroleigh Hughes who works within the primary care team to be invited to a future round of PCOG meetings to discuss training offers available.</p> <p>Action: Fairroleigh Hughes to be invited to a future round of PCOG meetings to discuss training offers available.</p>	JB	21 Dec 18
10	<p>Estates Strategy</p> <p>NM reported that she and GL had presented the Estates Update at the last PCCC.</p> <p>In 2016 NHSPS had been commissioned to provide an estates strategy to support the SHP CCG's. When published it was established that the strategy did not cover enough of General Practice estate.</p> <p>Surrey Heartlands (SH) CCG's have been working to access the CCG's entire primary care estate and the data gathered has been split to establish the baseline data and layer it with population data. The data had then been split into five different levels; STP, CCG, Locality, Borough and Network.</p> <p>It was discussed that an estates forum will be set up to work through and analyse the data. This will run until February when a workshop with the networks will take place to look at both this and the workforce strategy. GL confirmed that the expressions of interest for this meeting had been sent out.</p>		
11	<p>ADHD LCS</p> <p>SM attended to update members on the points raised during the previous meeting. All of the points had been collated in the attached table and worked through. The ask is to approve the LCS following these changes.</p> <p>SE reported that it was brought up during the last Dorking locality meeting that the ADHD forms didn't reflect the work required in the LCS. SM explained that this was still be worked on.</p> <p>There was a discussion on why the review of these patients needed to be conducted by a GP and not an advanced Nurse Practitioner. SM reported it would need to be a GP due to the shared care drugs element. Questions were raised as to whether it could be another health care professional with a GP signing off the review.</p> <p>Action: SM to clarify if the 6-month review of ADHD patients within general practice could be done by another Healthcare professional within General practice and signed off by a GP.</p> <p>The membership agreed to recommend the ADHD LCS providing the correct forms could be made available with the SABP contact details and clarification from SABP on their turnaround times.</p>	SM	21 Dec 18

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	 Update for Surrey Downs PCOG 23rd Nov		
12	Transformation Money SE reported that the Primary Care Team have been out to the localities to discuss and have updated members on the transformation money.		
AOB			
13 13.1	AOB Translation services procurement GLP attended the meeting to update members on the translation services procurement for the SHP. From October 2018 NWS and Guildford and Waverley inherited responsibility for the commissioning of for Interpretation and translation services, Surrey Downs will assume responsibility under delegated co-commissioning in April 2019. These had previously been arranged by NSHE. For 12 months as of the 1 st October 2018 a contract was entered into with the NHSE providers to continue a service. Data will be gathered during this time to understand the demand for the service and inform a future procurement. The aim is to that the future service commissioned is of a high quality and a cost effective service. The Surrey Heartlands CCGs Interpretation Services in GP Practices Procurement Programme Board has reviewed the options for procurement. The members recommend supported option 2 for the future procurement of Interpretation and Translation service.		
13.2	FLU LCS A copy of the NWS Flu LCS was distributed to the members for them to review and would be discussed at a future PCOG meeting.		
14	Recommendations to PCCC <ul style="list-style-type: none"> • Agenda item 11 - To approve the ADHD LCS • Agenda item 13.1 – To recommend supporting option 2 for the future procurement of Interpretation and Translation service. 		
Date of next meeting: 21st December 2018			

Appendix1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	23/11/18	5	Action: SE to contact Mole Valley provider for Social prescribing to confirm the referral criteria.	21 st Dec 2018	SE		Open
2	23/11/18	5	Action: JB to email Safron Simonds and ask for a copy of the CVSA to distribute to practices.	21 st Dec 2018	JB		Open
3	23/11/18	6	Action: CF to clarify the Primary Care Team and Clinical Leads line of the primary care budget and detail how the figure has come out at an overspend.	21 st Dec 2018	CF		Open
4	23/11/18	6	Action: CF to clarify why oxygen featured in the Primary Care budget as a separate line.	21 st Dec 2018	CF		Open
5	23/11/18	6	Action: SE to discuss with Primary Care Contracts inviting Practice Manager representation to the delegated co-commissioning meetings.	21 st Dec 2018	SE		Open
6	23/11/18	7	Action: SE to bring back a brief summary of the discussions to PCOG following each PCCC.	21 st Dec 2018	SE		Open

Reviewed by

7	23/11/18	9	Action: Fairroleigh Hughes to be invited to a future round of PCOG meetings to discuss training offers available.	21 st Dec 2018	JB		Open
8	23/11/18	11	Action: SM to clarify if the 6-month review of ADHD patients within general practice could be done by another Healthcare professional within General practice and signed off by a GP.	21 st Dec 2018	SM		Open
	26/10/18	7	ACTION: SE to update C&D reporting as discussed.	21 st Dec 2018	SE	C&D reporting discussed and a more local version will be available next month	Open
	26/10/18	8	ACTION: C&D summary sheet to be added to locality meetings.	21 st Dec 2018	CC	This will be made available at next meeting	Open
	26/10/18	8	ACTION: Clarification on support from SHBP	21 st Dec 2018	KA	Currently under discussion – awaiting feedback from CAMHS	Open
	26/10/18	10	ACTION: SE to inform Practice Leads of those Practices who are not utilising the Toolkit.	21 st Dec 2018	SE/JH	For discussion at November PCOG meeting	Open
	26/10/18	11	ACTION: RG to forward review to OM and OM to share review at Clinical Cabinet, Localities and then forward to PCOG for recommendation.	21 st Dec 2018	RG/OM	Needing clarification	Open

Reviewed by