PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON

MINUTES

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

Date	11/01/2019	**Time**	10.45am – 12.45pm
Venue	Rooms 2,3 and 4, NW Surrey CCG, 58 Church St, Weybridge, Surrey, KT13 8DP		

Members/ Attendees

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Voting members				
Jonathan Perkins (JP)	Lay Member General, Surrey Heartlands CCGs (Chair)		✓	
Sue Tresman (ST)	Deputy Lay Member General (PCCC), Surrey Heartlands CCGs		✓	
Jacqui Burke (JB) Deputy for JB : Peter Collis (PCo)	Lay Member Audit, Surrey Heartlands CCGs Deputy Lay Member Audit, Surrey Heartlands CCGs.		A ✓	
Matthew Tait (MT)	Joint Accountable Officer, Surrey Heartlands CCGs		✓	
Karen McDowell Deputy for KM : Claire Fuller (CFu)	Chief Finance Officer, Surrey Heartlands CCGs Deputy Chief Finance Officer (Chair of NWS PCOG)		A ✓	
Clare Stone (CSt)	Executive Director of Quality, Surrey Heartlands CCGs		A	
Dr David Ratcliffe (DR)	Independent GP		✓	
Dr Jane Dempster (JD)	Independent GP		✓	
Vicky Stobbart (VS) Deputy for VS : Caroline Farrar (CFa)	Managing Director Deputy Managing Director (Chair of G&W PCOG)	A ✓		
Karen Thorburn (KT)	Managing Director		✓	
Colin Thompson (CT)	Managing Director			✓
Lynda MacDermott (LM)	Patient Lay Representative	A		

Reviewed by: JP

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Catherine Brunton-Green (CBG)	Patient Lay Representative		✓	
Helen Atkinson (HA)	SCC Director of Public Health		✓	
Dr Clare Sieber (CS)	Surrey & Sussex Local Medical Committee Chief Executive (or nominated deputy)		✓	
Non-Voting members				
Caroline Cameron (CCa)	NHS England Representative		A	
Kate Scribbins (KS)	Surrey Healthwatch Representative		A	
Tim Oliver (TO)	Surrey County Council Chair of the Health and Wellbeing Board or nominated deputy		A	
Dr Jonathan Inglesfield (JI) Deputy for JI : Dr Matthew Clark (MC)	GP Representative (Cranleigh Medical Practice) GP Representative (Cranleigh Medical Practice)	A ✓		
Dr Susan Denton (SD)	GP Representative (Guildowns Group Practice)	✓		
Dr Seda Boghossian-Tighe (SB)	GP Representation of SASSE Locality (Staines Thameside Medical)		✓	
Dr Deborah Shiel (DS)	GP Representative of Woking Locality (Hillview Medical Centre)		✓	
Dr Njaimeh Asamoah (NA)	GP Representative of Thames Locality (Crouch Oak Family Practice)		A	
Dr Robin Gupta (RG)	CCG GP Representative of Dorking Locality (Brockwood Medical Practice)			✓
Dr Nicky Kirby (NKi)	CCG GP Representative of Epsom Locality (Longcroft Clinic)			✓
Dr Jill Evans (JE)	CCG GP Representative of East Elmbridge Locality (Esher Green Surgery)			✓
Isata Green (IG)	Operational Practice Manager (Fairlands Medical Practice)	✓		
Liz Reynolds (LR)	Operational Practice Manager (Wey Family Practice)		✓	
Vacant	Operational Practice Manager			-
In Attendance				
Nikki Mallinder (NM)	Associate Director of Primary Care Development		✓	
Helen Snelling (HS)	Head of Primary Care Contracts		✓	
Shelley Eugene (SE)	Head of Primary Care Development		✓	
Anthony Shipley (AS)	Deputy Director of Corporate Affairs		✓ (Item 7)	
Joanna Hodgkinson (JH)	Primary Care Workforce Tutor		✓ (Item 12)	
Justin Dix (JD)	Head of Corporate Governance (Minutes)		✓	
Rian Hoskins (RH)	Corporate Administrator		✓	

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	Deadline
1	**Welcome, Introductions and Apologies** The Chair, Jonathan Perkins (JP) welcomed Committee members and attendees and apologies were received as detailed above. JP declared the meeting open at 10.45am. JP introduced Dr Matthew Clark (MC) who was deputising for Dr Inglefield, Peter Collis (PCo) for Jacqui Burke. JP also welcomed Robin Gupta and Helen Atkinson to their first PCCCs in Common meeting.		
2	**Declarations of Interest** The Register of Interests for 2018/19 was noted No specific conflicts were noted. MC advised he had completed his DoI for this meeting and noted that he was a partner at Cranleigh Surgery.		
3	**Quorum** The meeting was declared quorate.		
4	**Minutes from last meeting on 9 November 2018** The draft minutes from the 9 November 2019 PCCCs in Common meeting were approved with the following amendments: • Page 1 – KTs initials were incorrectly recorded as KS. • Page 5 – Para 5 “significant challenges” should read “significant estates challenges” • Page 7 Para 2 EF not ET • Page 7 amendment that followed from JP – “the NWS PCCC approved the request to submit the application for planning approval.		
5	**Action Log** • DOI – can be closed • Update on PCNs to be on next agenda – keep open for future meeting • 2 items for future meetings – can be closed • Chairs action for ADHD – keep open.		

6	**Chair's Report** • The Chairman thanked those who attended the seminar in December which had been very useful. Slides were available on request. • The next meeting would be to the bi-monthly schedule in March and May would see the first meeting with SDCCG as a delegated CCG. • The Chiddingfold Surgery fire was noted and the committees' support was offered to Dr Watts and his colleagues. NM reported that this was a dispensing site and only 12 years old; the practice has a branch at Dunsfold but this is relatively small. Support had been given by the CCG and the fire had been declared as a business continuity incident focusing on patient care, with prioritising of urgent patients. The support from the NHS and the local community had been excellent and sites in Haslemere and Milford were available in the interim. Availability of IT was a key consideration and Milford Hospital and Haslemere Hospital had both been looked at. It was hoped that the Milford option would be available within a few working days. There was some learning for other practices on backing up local files not on the EMIS cloud, this would be picked up in due course. The committee, at the suggestion of ST, minuted its appreciation for all the support that had been given and it was noted that leaflets and posters were being used to inform the local community, which was very rural in nature. A local charity was facilitating transport for patients with difficulties getting to alternative facilities. MT felt this was a good example of integrated local working and it was noted that neighbouring practices had been very supportive. • JP noted the publication of the Long Term Plan. MT noted that there would be lot of work involved on finance and integration with local plans.		
7	**Data Protection Officer for Surrey Heartlands GP Practices** AS spoke to the paper provided. This was a very important issue that was originally being picked up through an IG manager post via the CSU, and subsequently by the CCG DPO. There was a need to fund a solution going forward and identify a market solution as appropriate, working in partnership with the LMC and local practices. CS said the DPO was an essential role and the LMC was looking to fund on a non-recurrent basis. PC said that JB supported the single tender waiver. He asked if the company was resilient and was assured it was. RG asked if any practices were undertaking their own approach and AS said there were not. CS said that the LMC had supported practices to do this collectively. It was clarified that the long term funding would come from the three CCGs and the practices themselves, although it was noted by CF that this was work in progress and would be easier once all three CCGs		

	were delegated. DR asked if the CCGs were currently in breach from not having a DPO but AS assured the committee that there was interim coverage in place. CT noted that the consequences of not putting this in place were significant. The Committee AGREED the proposal as set out in the paper. It was noted that this would be a primary care team based role but working closely with the Surrey Heartlands CCGs IG function in terms of support. Communication to practices would be essential.		
8	**Interpreting and Translation Procurement Proposal** HS spoke to this. Current provision had been extended for one year and the paper sought support for a proposed procurement route. A managed contract was proposed and this was supported by the three PCOGs. In response to a query by RG it was confirmed that the final decision rested with the PCCCs iC not the PCOGs. It was agreed that by all three PCCCs that the procurement proposal could go ahead with procurement allowing for a replacement service to be in place by October. In addition to the above there had been a request from Surrey Heath CCG to join the above procurement. This had also been discussed in PCOGs and the rationale for this CCG not going with Hampshire led procurement was unclear. There could also be some governance issues that could slow down the process. PCOG's view in all three cases was not to include Surrey Heath. MT felt this did need some further consideration and that a dialogue with East Surrey might also be appropriate. HA also felt the joint working across the county supported the rationale for a more inclusive approach. However, the timescales were also noted as challenging. JD said that there was in her view a strong case for working within STP boundaries although the county boundaries were significant. It might be possible to include other partners in the future arrangements. Taking all of the above discussion into account, proceeding on a Surrey Heartlands only basis was supported by the PCCCs.		
9	**Risk Register and Issues Log** Risk Register : HS spoke to this. The risks on Datix were now included but these risks did need updating and there were risks around duplication if risks were not logged appropriately. The work on this was noted. JP asked that the presentation of the data be improved to make it clearer and more informed. This was agreed. JP noted that there was some repetition and it was acknowledged this needed to be addressed. JD highlighted the developments in risk management arrangements that would support this. It was acknowledged that it would be useful to reiterate the risk scoring and narrative.		

	JP asked that the committee consider any omissions. RG said that it would be useful for PCOGs to review this information and this was agreed. **Action: HS** Issues Log : PCSE – ongoing issues and escalation processes through NHSE were being re-activated, as well as direct issue management. There were still a number of issues that needed resolution. DOCMAN – there was a particular problem with duplicate documents in NW Surrey and this would be kept open until next period. NHSPS leases – service charges were an ongoing issue and needed NHSPS to complete their work (delayed from November). ST highlighted leases and expressed concern about the time it was taking to resolve individual issues.	HS	08/03
10	**Surrey Heartlands Primary Care Update – December 2018** NM spoke to this and highlighted the following: • PCOG recommendations were being pulled out and highlighted for ease of reading. • A more patient friendly approach was being adopted to allow the information to be circulated to PPGs. This would need their feedback. • The Out of Hospital Group had been disbanded and its work included in other fora but all outstanding actions would be carried forward and not lost. There would be a clearer Surrey Heartlands picture as a result. • 10 High Impact Changes – practices were participating as relevant and this was leading to operational changes in some areas. There would be a paper at the next meeting that showed how this would be integrated with GPFV. • Extended access – SE gave the latest figures across the three CCGs and utilisation figures would be set out in more detail in future meetings. All practices had been contacted to determine local arrangements for informing patients of extended access arrangements and utilisation of 111 developments. It was agreed that this data should be shared with practices – KT noted there were issues around equity of access and this had been raised in clinical forums. SE confirmed that KPIs would be reviewed on this basis as part of the contractual arrangements. • JE said in her view practices were aware of utilisation rates but these were new services and people were still getting used to it. • JP highlighted on Page 7 re MOUs for networks and that these should include consistency with the Surrey Heartlands values and principles. KT felt this would happen as MOUs with networks developed. JP said this report was improving and was very valuable.		

	• Surrey Heartlands' PCOGs' minutes as follows were noted : i. NWS CCG PCOG – 26/10/2018 – Confirmed ii. GW CCG – 26/10/2018 – Confirmed iii. SD CCG – 26/10/2018 – Confirmed iv. SD CCG – 23/11/2018 – Unconfirmed		
11	**Primary Care Network Development** NM spoke to this. The funding that was available to each PCN would be circulated coming through two streams: £1 per head for PCN infrastructure with the NAPC support in addition; and £1.50 per head of population to support sustaining and transforming general practice. The latter was now included in the NHS Long Term Plan. CS queried the GP representatives' view of investment levels. SD said that support did not seem to be equitable across Surrey Heartlands and acknowledged this was being discussed. MT said that there were other areas such as mental health that needed to be added in; in terms of business operations the CCGs needed to make an offer to PCNs but these discussions were at an early stage. CS asked what the forums were for this and MT said that ICPs and PCNs needed to work together to work through the issues, but the PCNs did need to be made fit for purpose and embedded in decision making for this to work. KT said that she felt there was probably a difference in the way funding had been used in the three CCGs and as a result some had become embedded more quickly than others. There needed to be a levelling up. IG felt that practices needed to become more engaged. JE said there was a lack of resource to do the start-up work and governance structures for using the funding needed to be developed. NM said that every network had been contacted in early December about using existing funding and she would work with networks to ensure they returned their proposals for the initial 70 pence per head. She would ensure there was a position statement by network following the meeting. **Action :** NM	NM	
12	**Workforce update** Joanna Hodgkinson gave an update via a series of slides. CT noted the links to the wider Surrey Heartlands workforce strategy beyond primary care. This specific work was very valuable and identified challenges within a wider context, although primary care had some distinctive requirements. It was good to see baseline information emerging with clearer figures. JP noted that over 200 staff would be needed and queried what the timescales and targets would be, for each ICP. JH said that this would need whole system working based on a changing		

	skills profile. RG said that at PCN level there needed to be a clear link between funding, role specifications, and expected outcomes. KT said this needed to be seen in the context of what integrated care meant and that from an education and supply perspective there would need to be long term planning on a Surrey wide basis. Staff would be looking for career rewards and flexibility and we needed to engage people to make the roles attractive. JD asked if work was being undertaken with Surrey University on practice nurse development and SH said this was and that the training was developing in response to the needs of primary care. SD said that there were issues with cost of living once people completed their training, and there needed to be help for staff to stay local. Premises also needed to be properly equipped to provide enough space for training. It was queried whether nurses were being retained and it was acknowledged there were significant problems with this. It was also queried whether pharmacist recruitment was included and JH set out the arrangements for this. PC queried mental health projected numbers and whether there was cross-coordination and JH said there was. It was also noted that SCC were working on affordable housing as part of a wider housing strategy, although planning permission was an issue. It was noted that local planning delays meant there was variability across the county in this respect. KT said that there was a lot of work going on at PCN level on this as part of the wider strategic planning. Resources were less of an issue than making the necessary progress.		
13	**Work Planner** NM spoke to this. There was working going on with business intelligence to integrate the three CCG's data and this would come to the next meeting.		
14	**Month 8 Finance Reports** CF noted the three CCG Month 8 positions. The delegated CCGs were showing break even. Confirmation was still awaited on funding of discretionary pay awards being made since October. DPO and NHSPS positions were as noted earlier in the meeting. A full schedule was awaited from NHSPS against which progress could be monitored. CS asked about the GP retainer scheme and whether any had been refused locally. It was confirmed that none had been rejected in Surrey Heartlands. JP asked about how any underspends might be used for the two delegated CCGs and it was confirmed that local spending was in the planning stage.		
15	**Any Other Business** • Bi-monthly meeting arrangements – it was queried how a range of issues such as list capping and 24 hour retirements could be addressed and what level of delegation to PCOG was appropriate. This was important in terms of workload management. KT emphasised the		

	need for the team to be trusted with local delegable decisions, subject to membership arrangements of PCOGs being appropriate. LMC involvement at PCOG level was an additional safeguard. There were some grey areas such as QOFF appeals but even these could be managed locally if the issues were simply technical. The proposal was agreed subject to these being set out in a list of appropriate delegations. MT noted that this was not about making any fundamental changes to the local arrangements but was merely an appropriate clarification at this stage of the committee's development. ST asked about the line of sight between the PCCCs iC and the Medicines Optimisation Group (MOG). KT said they were sub groups of the local clinical commissioning forums and the formal governance sat there. These groups' terms of reference were under review but the key links were to PCOGs who reported in to the PCCCs iC. Part II arrangements were queried and it was acknowledged these were complex but it was hoped to integrate all three going forward. • EU was thanked for her support to the committee and her excellent work and wished a happy retirement.		
16	**Meeting Close** The meeting closed at 12.42 pm		

Dates of next meetings:

- 08 March 2019, GW CCG, Dominion House, Woodbridge Road, Guildford, GU1 4PU
- 10 May 2019, SD CCG, Cedar Court, Guildford Road, Leatherhead, KT22 9AE
- 12 July 2019 NWS CCG, 58 Church St, Weybridge, Surrey, KT13 8DP
- 13 September 2019, GW CCG, Dominion House, Woodbridge Road, Guildford, GU1 4PU
- 08 November 2019, SD CCG, Cedar Court, Guildford Road, Leatherhead, KT22 9AE