

## Primary Care Commissioning Committees in Common MINUTES (Part 1)

<b>Guildford and Waverley CCG</b>	✓
<b>North West Surrey CCG</b>	✓
<b>Surrey Downs CCG</b>	✓

<b>Date</b>	08 March 2019	<b>Time</b>	09:30am – 11:45am
<b>Venue</b>	G&W CCG, Third Floor, Dominion House, Woodbridge Road, Guildford, GU1 4PU (Board Room)		

### Members/ Attendees

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
<b>Voting members</b>				
Jonathan Perkins (JP)	Lay Member General, Surrey Heartlands CCGs (Convenor)		✓	
Sue Tresman (ST)	Deputy Lay Member General (PCCC), Surrey Heartlands CCGs (Vice Convenor)		✓	
Jacqui Burke (JB)	Lay Member Audit, Surrey Heartlands CCGs		✓	
Matthew Tait (MT)	Joint Accountable Officer, Surrey Heartlands CCGs		A	
Karen McDowell (KM)	Chief Finance Officer, Surrey Heartlands CCGs		A	
Deputy for KM : Claire Fuller (CF)	Deputy Chief Finance Officer (Chair of NWS PCOG)		✓	
Clare Stone (CS)	Executive Director of Quality, Surrey Heartlands CCGs		✓	
Dr David Ratcliffe (DR)	Independent GP		✓	
Dr Jane Dempster (JD)	Independent GP		✓	
Vicky Stobart (VS)	Managing Director	✓		

Reviewed by: JP (08/05/19); KT (dd/mm/yy); VS (dd/mm/yy); CT (dd/mm/yy); NM (dd/mm/yy); HS (dd/mm/yy)

### Working together as the Surrey Heartlands Clinical Commissioning Groups

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

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Karen Thorburn (KT)	Managing Director		✓	
Colin Thompson (CT)	Managing Director			✓
Lynda MacDermott (LM)	Patient Lay Representative	✓		
Catherine Brunton-Green (CB)	Patient Lay Representative		✓	
Helen Atkinson (HA)	Surrey County Council Director of Public Health	A		
Dr Clare Sieber (CSi)	Surrey & Sussex Local Medical Committee Medical Director (or nominated deputy)	A		
Dr Julius Parker (JPa)	Surrey & Sussex Local Medical Committee Chief Executive	✓		
<b>Non-Voting members</b>				
Samantha Harris (SHa)	NHS England Representative	✓		
Kate Scribbins (KS)	Surrey Healthwatch Representative	✓		
Tim Oliver (TO)	Surrey County Council Chair of the Health and Wellbeing Board (or nominated deputy)	A		
Dr Jonathan Inglesfield (JI)	GP Representative (Cranleigh Medical Practice)	✓		
Dr Susan Denton (SDe)	GP Representative (Guildowns Group Practice)	✓		
Dr Seda Boghossian-Tighe (SB)	GP Representative, SASSE Locality (Staines Thameside Medical)		✓	
Dr Deborah Shiel (DS)	GP Representative, Woking Locality (Hillview Medical Centre)		✓	
Dr Njaimeh Asamoah (NA)	GP Representative, Thames Medical Locality (Crouch Oak Family Practice)		A	
Dr Robin Gupta (RG)	GP Representative, Dorking Locality (Brockwood Medical Practice)			✓
Dr Nicky Kirby (NK)	GP Representative, Epsom Locality (Longcroft Clinic)			✓
Dr Jill Evans (JE)	GP Representative, East Elmbridge Locality (Esher Green Surgery)			✓
Isata Green (IGr)	Operational Practice Manager (Fairlands Medical Practice)	✓		
Liz Reynolds (LR)	Operational Practice Manager (Wey Family Practice)		✓	

Name (initials)	Title	Guildford and Waverley	North West Surrey	Surrey Downs
Vacant	Operational Practice Manager			-
<b>In Attendance</b>				
Nikki Mallinder (NM)	Associate Director of Primary Care Development		✓	
Helen Snelling (HS)	Head of Primary Care Contracts		✓	
Rachael Graham (RGr)	Deputy Director of Non-Acute Contracts		✓	
Shelley Eugene (SE)	Head of Primary Care Development		✓	
Jules Wilmshurst-Smith (JW)	Head of Estates		✓	
Justin Dix (JDi)	Head of Governance and Risk		✓	
Rian Hoskins (RH)	(Note Taker) Corporate Administrator		✓	

*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.*

Item No.	Discussions and New Actions	Who	When
1	<p><b>Welcome, Introductions and Apologies</b> The Committees confirmed Jonathan Perkins as Convener for this meeting.</p> <p>The Convener 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><b>Declarations of Interest</b> RG highlighted his emerging role in his local PCN which would be formalised in due course.</p>		
3	<p><b>Quorum</b> As the required quorum was met for each CCG, the Convener declared the meeting open.</p>		
4	<p><b>Minutes from last meeting on 11th January 2019.</b> It was noted that JD (Jane Dempster) could be confused with Justin Dix in the abbreviated format used in the minutes. Agreed references to Justin Dix should be JDx in future.</p> <p>Other than the above, the minutes from the previous meeting were agreed as an accurate record.</p>		
5	<p><b>Action Log</b> Primary Care Commissioning and Development Programme Assurance Report. <b>This was agreed for closure</b> as had been superseded.</p> <p>Estates Planning. <b>Keep open for update at future meeting.</b></p> <p>ADHD in Childhood Locally Commissioned Service. On agenda. <b>Can be closed.</b></p> <p>Risk Register and Issues Log – presentation of. HS updated on progress. This was now Business As Usual. <b>Agreed for closure.</b></p> <p>Primary Care Network Development. <b>Can be closed</b> as now on agenda.</p>		
6	<p><b>Surrey Downs CCG Chair's Action- ADHD Services.</b> The Chair's action was Noted and Ratified.</p>		
7	<p><b>Chair's Report</b> JP highlighted the Committee Effectiveness Review and thanked those who took part for their input. Overall the feedback was very positive for such a large and complex</p>		

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	<p>meeting.</p> <p>With regards to specific actions:</p> <ul style="list-style-type: none"> <li>• GP input – this was subject to mandated requirements but there was scope for efficiency such as bringing together Part 2s which was starting as of today.</li> <li>• Quality of papers was generally good.</li> <li>• A workplan was under development.</li> <li>• Use of technology – Skype for business was being used more extensively.</li> </ul>		
	<p>JB highlighted the lack of awareness about how the PCCCs supported the Governing Bodies of the three CCGs, and the low level of reporting in. JP noted the issues around delegation of primary care and future development. It might be necessary to review this before long.</p> <p>KT highlighted the need for the committee to be clear about, and to own, its delegated responsibilities. It was agreed that the governance team should review this for the next meeting.</p> <p>JB noted that the structure and design of the survey would be reviewed prior to a new survey being conducted. This would be the responsibility of the audit committee.</p> <p>ST highlighted the low response rate (40%) and said that this would need some consideration. JP and ST would discuss this outside the meeting.</p> <p>Use of diligent – it was noted that that the committee was keen for all members and attendees to have access to this. JD to review the position with licences for the software.</p>	<p>ACTION: JDi</p> <p>ACTION: JP / ST</p> <p>ACTION: JDi</p>	<p>30/04/19</p> <p>30/04/19</p> <p>30/04/19</p>
8	<p><b>Terms of Reference Review</b></p> <p>JP asked how members would like this to proceed and whether there were any particular issues. SE highlighted the new GP contract as this would have a bearing.</p> <p>It was agreed that comments on the terms of reference should be sent to JP and JDx and that revised ToRs should be ready for approval at the next meeting.</p>	<p>ACTION: ALL</p>	<p>30/04/19</p>
9	<p><b>Surrey Downs CCG – Delegated Responsibility for Primary Care</b></p> <p>Delegation Agreement - HR reported positive progress. Payments had been prioritised and the CCG was ready in this respect. A summary was available in the report. Handover of files from NHSE to CCGs was a major timing</p>		

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	<p>issue.</p> <p>The delegation agreement had been received and agreed following Exec Review. The agreement was the same as for NW Surrey and Guildford and Waverley.</p> <p>Transition of Functioning from NHS England - SE noted that a practice manager for Surrey Downs would be identified for the next meeting.</p> <p>The position on estates was noted. The CCG was dependent on NHSPS for this data and the 2017-18 data had just been received as the work was behind schedule.</p>	ACTION: SE	30/04/19
10	<p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• Risk Register</li> </ul> <p>The new format was noted. The Datix system was used to extract the data and the system had been adapted to enable PCCC risks to be identified and escalated more clearly. The scoring methodology had also been clearly identified.</p> <p>Risk 308 (extended access) had been requested for closure as this was on the issues log and the work to launch EA had now been completed. The service was fully mobilised. Agreed for closure.</p> <p>Risk 350 – Procurements. This had just recently been added.</p> <p>The narrative report highlighted any changes of significance going forward but feedback was welcome. The underlying detail was available if you wanted to see it.</p> <p>It was agreed to add the risk score into the summary.</p> <p>DS asked about Risk 164 General Practice Nursing workforce and whether this differed from GPs. This would be considered in the next iteration of the report. KT noted that risks sometimes needed to be split as the controls and actions varied. The nursing risk contained specific nuances.</p> <ul style="list-style-type: none"> <li>• Issues Log</li> </ul> <p>The approach used in the risk register would be adopted going forward for the issues log. A new issue I021 had been added since last time (clinical waste management) – this was in Part 2.</p> <p>Issue 013 was queried for accuracy. This would be checked.</p>	ACTION: HS	30/04/19
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11	<p><b>Surrey Heartlands Primary Care Update – February 2019</b></p> <ul style="list-style-type: none"> <li>Commissioning &amp; Development Assurance Report</li> </ul> <p>NM noted the position with the tracker and its relationship to operational matters. PCNs had been a special focus this month. Dementia diagnosis rates were an issue and waiting times for referral to diagnosis were a particular concern across all three CCGs. JI highlighted that there was an issue of older peoples mental health becoming distanced from primary care although it was also noted that PCNs could integrate this into their local development.</p> <p>SDe highlighted the range of issues being considered across Surrey Heartlands and this was echoed by KT who identified dementia navigators as an example of how to improve the connection between identification of dementia and a service offer. The role of CPNs working with primary care was felt to be important.</p> <p>SDe highlighted the need for a formal consultant referral before dementia navigators could be involved and it was acknowledged this needed addressing. KT would take this into the discussion on the services and contracts in this area.</p> <p>ST highlighted the role and needs of carers and asked that this be specifically picked up in future work.</p> <p>Translating services and docman were on the agenda.</p> <p>P198 – The phrase “due diligence” was noted in relation to Locally Commissioned Service caps. It was noted that these had been lifted for spirometry and should have been formally minuted at the January meeting, but this was now noted here for the record.</p> <p>LM highlighted that she would forward the relevant section of the P2 minutes once agreed.</p> <ul style="list-style-type: none"> <li>Data Protection Officer Role and Programme Plan</li> </ul> <p>JB noted P165 and the job spec for this. This would be picked up outside the meeting but essentially was about connecting the multitude of assessments with primary care.</p> <ul style="list-style-type: none"> <li>Primary Care Networks (PCN) Update</li> </ul> <p>The slide deck was noted and felt to be very helpful. There</p>	ACTION: KT	10/05/19

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	<p>were a variety of funding streams involved and in some areas, links with IPCs for administrative support. There was a lot of work to be done in this area but progress was good.</p> <p>NM noted that the Tracker was being reviewed for the impacts of the long term plan and the new GP contract. This would be easier once PCN structures and Clinical Director appointments were concluded. JP noted that the LMC was supporting local developments and CT noted there was a national development programme in preparation. The SH Academy would have a role.</p> <p>Jl asked about learning between PCNs. Noted this happened within CCGs rather than across.</p> <p>NK also noted that project work across CCGs also linked into the PCN development agenda. CS would take the role of the Academy to Mark Hamilton for discussion.</p> <ul style="list-style-type: none"> <li>• Surrey Heartlands' PCOGs' Minutes and Recommendations</li> </ul> <p>The following minutes were NOTED.</p> <ol style="list-style-type: none"> <li>i. NWS CCG PCOG – 30/11/2018 – Confirmed</li> <li>ii. NWS CCG PCOG – 25/01/2019 – Confirmed</li> <li>iii. NWS CCG PCOG – 22/02/2019 - Unconfirmed</li> <li>iv. GW CCG – 30/11/2018 – Confirmed</li> <li>v. GW CCG – 25/01/2019 – Confirmed</li> <li>vi. GW CCG – 22/02/2019 - Unconfirmed</li> <li>vii. SD CCG – 23/11/2018 – Confirmed</li> <li>viii. SD CCG – 18/01/2019 – Confirmed</li> <li>ix. SD CCG – 15/02/2019 – Unconfirmed</li> </ol> <p>The following specific points were noted.</p> <ul style="list-style-type: none"> <li>• PCOG in NW Surrey had supported the move to Inenta as a provider.</li> <li>• Practice manager recruitment for G&amp;W PCOG – this was being progressed</li> </ul>	ACTION: CS	10/05/19
12	<p><b>Surrey Heartlands Prescribing Scheme</b></p> <p>It was noted that all GPs were conflicted for this and JP noted that they could not therefore take part in discussions although were not required to leave the room. This would be the</p>		

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	<p>consistent approach used to mitigate the risk of a conflict of interest affecting the outcome, although this was not clear in all the individual cover sheets for the various schemes.</p> <p>NM highlighted the different governance routes in NW compared to the other two CCGs. However it was important that going forward there should be a consistent approach, coming through PCCC.</p> <p>SDe highlighted the variation across the CCGs in terms of meetings and payment structures for GP incentive work. JP noted that these schemes go back to 2004 and although this should be harmonised it was complex to address. Even formally merged CCGs elsewhere retained local Prescribing Incentive Schemes. This would be picked up in PCN work over time.</p> <p>JB noted that the financial language did vary slightly. This was noted but the effective approach across all three was a top-sliced approach.</p> <p>It was noted that despite variations in descriptions on cover sheets, all the papers were in fact for approval. This was particularly important with the additional delegated responsibilities from NHSE. G&amp;W and SDCCG would need to address the process issues arising from this.</p> <p>SDCCG GP representatives highlighted the need for flexibility where approaches were harmonised.</p> <p>JD highlighted the relatively low level of payment (50p per head of population) for this work. It was agreed this could be reviewed but KT highlighted that the issue was about clinical effectiveness and quality and not just about potential savings.</p> <p>ST asked if G&amp;Ws decisions needed to be retrospectively checked. VS agree to undertake this but did not feel this should be a major problem.</p> <ul style="list-style-type: none"> <li>• NWS CCG Medicines Optimisation Quality Delivery Scheme</li> </ul> <p>This was AGREED by the NW Surrey Primary Care Commissioning Committee.</p> <ul style="list-style-type: none"> <li>• G&amp;W CCG Local Prescribing Scheme</li> </ul> <p>This was AGREED by the G&amp;W Primary Care Commissioning Committee.</p>	<p>ACTION: PCOGs for SD / G&amp;W</p> <p>ACTION: VS</p>	<p>10/05/19</p> <p>10/05/19</p>

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	<ul style="list-style-type: none"> <li>• SD CCG Level 1 Prescribing Scheme</li> </ul> <p>This was AGREED by the Surrey Downs Primary Care Commissioning Committee.</p>		
13	<p><b>Booking of Extended Access Appointments - Evaluation</b></p> <p>SE spoke to this. The new GP contract would include this work in future. Confirmation was awaited that this would mean there was no need to go through procurement and that it would be a direct aspect of the networks.</p> <p>RG noted that although technical guidance from NHSE was necessary it was felt that this interpretation was sound and that current work on delivery and development would proceed on this basis.</p> <p>JB said that clarity in this area was very welcome from an audit perspective.</p> <p>Utilisation: Services had been running since August 2018. Work was continuing to increase the range of services available and the sites from which EA operated, and to get the best value for patients.</p> <p>Jl highlighted Equitable Access as a key factor when looking at geographical location of services and this was acknowledged. LM said that highlighting services to local communities was key and that there needed to be a wider communications strategy. RG said that it was hoped that patients would become more comfortable over time with the new system and accessing services from different sites.</p> <p>SE highlighted the need to undertake publicity from the practice level as well and the possibility of giving more training to receptionists was also highlighted.</p> <p>JB asked if the existing provision had been audited. It was confirmed that it had and these audits would be circulated.</p> <p>The committee expressed the view that Extended Access was a considerable success story and should be highlighted in the CCGs' annual reports. Demographic variation in utilisation of services was also being pulled together and this learning would be available during the year.</p>	<p>ACTION: SE</p> <p>ACTION: JDi</p>	<p>10/05/19</p> <p>10/05/19</p>
14	<p><b>GP Contract Reform</b></p> <p>NM noted this in the context of the new Long Term Plan. Further technical guidance was awaited. This would mean a</p>		

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	<p>slight pause until payment arrangements for the £1.50 per head were clarified. Each network would have a schedule of payments once figures were confirmed covering staffing ratios, payment participation and other issues.</p> <p>There would also be work on financial forecasting over the next five years.</p> <p>JP reminded everyone that despite all the very good work to date in Surrey Heartlands, existing networks were not guaranteed to turn into future PCNs. The shape of each PCN was a matter for local determination by GPs along with the appointment of Clinical Directors. Many local networks would be the right size and provided a footprint for a successful DES based PCN but this would only be confirmed in May in line with national timetables. NM agreed and highlighted that the work to date would be flexed as these arrangements became clearer, and it was acknowledged that financial and staffing models would have to be re-cast accordingly.</p> <p>It was noted that a small number of practices would need support to agree alignment and that technically they could opt out of the DES, although there were implications to this as they would not be able to influence PCN service development. CCGs had a responsibility to ensure 100% coverage of access to GP services for the population either way.</p> <p>JP noted that the next meeting was just before the deadline and it was hoped that most of the issues would be resolved by then.</p> <p>NM noted the information being pulled together that will cover both the long term plan and the emerging local arrangements. She specifically highlighted Digital First and the option for patients to switch away from their local practice.</p>		
15	<p><b>Month 10 Finance Reports 2018/19</b></p> <p>All three reports had been discussed at PCOG level. It was noted that DDRB awards would require local funding as was anticipated.</p> <p>An appendix had been added clarifying the different funding streams for PCNs and their source and application.</p> <p>It was noted that full allocations for the following year had not been confirmed but it was hoped they would be as anticipated.</p> <p>JP noted that there was scope for GP absence budgets e.g.</p>		

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	<p>sickness and maternity to overspend based on experience elsewhere. Practice Managers needed support to ensure all reimbursements were claimed. HS said that a practice guide on what, how and where to claim had been developed and was being shared imminently.</p> <p>CF noted that growth and rebasing would be fully highlighted in future reports.</p> <p>Property contingencies were being built into future financial planning assumptions.</p> <ul style="list-style-type: none"> <li>• Guildford and Waverley CCG Primary Care Commissioning Committee NOTED the finance report for month 10</li> <li>• North West Surrey CCG Primary Care Commissioning Committee NOTED the finance report for month 10</li> <li>• Surrey Downs CCG Primary Care Commissioning Committee NOTED the finance report for month 10</li> </ul>		
16	<p><b>DOCMAN CAS – Financial Assistance</b></p> <p>It was noted that all GPs were conflicted for this and JP noted that they could not therefore take part in discussions although were not required to leave the room.</p> <p>NM noted that NHSE had written to clinical chairs saying this needed to be funded locally. Liaison had taken place with practice managers regarding administrative processes and costs, and a view taken on additional costs e.g. for GP clinical assessments. This had resulted in a calculation as set out in the papers, including an up - front payment of £500.</p> <p>It was clarified that “closed practice” data still needed checking and funding which is why practices that no longer existed were still listed.</p> <p>The overall approach was AGREED.</p> <p>It was also AGREED that the six practices where the work was undertaken by the CCG would not receive further payment.</p> <p>It was noted that this had been a very onerous exercise and had taken a lot of practice staff time and that the deadlines had been demanding.</p>		
17	<p><b>Any Other Business</b></p> <p>JP noted that there had been comments on start times for the committee and meeting rooms from clinicians and carers’ reps. This needed consideration.</p>	ACTION: JDi / JP	10/05/19

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	The next meeting would be in Surrey Downs on the 10 <sup>th</sup> May		
18	<b>Meeting Close</b> Meeting closed at 11.30		
<p><b>Signed and agreed by:</b></p> <p style="text-align: right;"><b>Date: DD MMM YYYY</b></p> <p><b>Jonathan Perkins, Lay Member General (Convener)</b></p>			
<p><b>Minutes agreed for publication by:</b></p> <p style="text-align: right;"><b>Date: DD MMM YYYY</b></p> <p><b>Karen Thorburn, NWS CCG Managing Director (Exec Lead)</b></p>			
<p><b>Minutes agreed for publication by:</b></p> <p style="text-align: right;"><b>Date: DD MMM YYYY</b></p> <p><b>Vicky Stobbart, G&amp;W CCG Managing Director (Exec Lead)</b></p>			
<p><b>Minutes agreed for publication by:</b></p> <p style="text-align: right;"><b>Date: DD MMM YYYY</b></p> <p><b>Colin Thompson, SD CCG Managing Director (Exec Lead)</b></p>			