

**Agenda item: 13**

**Paper no:**

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

<b>Title of Report:</b>	<b>Primary Care Programme of Works Assurance Report</b>	
<b>Status:</b>	<b>TO NOTE</b>	
<b>Committee:</b>	<b>Primary Care Commissioning Committee</b>	<b>Date:</b> 10/04/2019
<b>Venue:</b>	Surrey Downs CCG Offices, Cedar Court, Guildford Road, Leatherhead, KT22 9AE	

<b>Presented by:</b>	Nikki Mallinder – Associate Director of Primary Care Commissioning and Development, Surrey Heartlands CCG	
<b>Executive Lead sign off:</b>	Nikki Mallinder – Associate Director of Primary Care Commissioning and Development	Date: 03/05/2019
<b>Author(s):</b>	Georgia Laws – Primary Care Project Support Eleni Panayiotou – Senior PMO & Assurance Manager	

**Governance:**

<b>Conflict of Interest:</b> The Author considers:	None identified	<b>x</b>
<b>Previous Reporting:</b> (relevant committees/ forums this paper has previously been presented to)	N/A	
<b>Freedom of Information:</b> The Author considers:	Open – no exemption applies	<b>x</b>

**Executive Summary:**

The purpose of this paper is to provide the Primary Care Commissioning Committee with early sight of the proposed design of the new Primary Care Programme of Works Assurance Report, and the next steps involved to agree content and key messages.

This report is intended to be provided routinely for review and feedback at PCOG, and will then be presented at Primary Care Commissioning Committee (PCCC).

The report will provide assurance across all areas of Surrey Heartlands Primary Care, with updates on the implementation of programmes of work and delivery of expected benefits, status of performance metrics monitored by NHS England, outcomes of population health management initiatives and works underway to address unwarranted variation.

It has been agreed that the Programme of Works encompass five year areas; Care Redesign, Workload, Workforce, Infrastructure (Estates and IM&T).

The Primary Care Programmes of Work Assurance Report has been structured in 5 Parts;

### **Part 1. PCOG Recommendations**

The purpose of Part 1 is to give an executive summary, and reflect all of the recommendations made at each of the Surrey Heartlands PCOGs.

### **Part 2. Programme Delivery**

**Part 2a. Pipeline:** will provide a snapshot of the new opportunities and developing schemes within the programme of works.

**Part 2b. Implementation:** will update on open project risks and issues, achievement or slippage of key milestones, and highlight any areas that require support within a project.

**Part 2c. Delivery:** will provide an overview on whether the schemes are delivering the expected benefits and will reference a new *Programme Outcomes Dashboard* which is under development. Currently underway is the creation of a benefits profile for each scheme (where appropriate) which will feed into the metrics monitored and presented in the dashboard.

### **Part 3. Primary Care Performance**

Part 3 will reference a new *Primary Care Performance Dashboard* which will show whether we are on track against the plan and trajectories that were submitted to NHS England as part of the 2019/20 CCG Planning Returns. (The CCG is required to submit routine assurance returns to NHS England every month).

### **Part 4. Managing Demand and Unwarranted Variation**

Part 4 will summarise the findings from statistical analysis and benchmarking of Surrey Heartlands referrals, A&E attendances, NEL admissions activity, identifying areas for quality improvement and outlining the work underway by the CCG to proactively support practices in order to reduce variation.

### **Part 5. Population Health management (this section requires further consideration).**

Part 5 of the report is intended to provide assurance on the work underway to manage the health of the Surrey Heartlands population, for example through utilisation of risk stratification tools. This section requires further consideration as to the content but will likely look at access, utilisation and impact of interventions such as these. Feedback from PCOG is welcome.

### **Implications:**

What is the **health impact/ outcome** and is this in line with the **CCG's strategic objectives**?

- Achieving a sustainable system
- Development of collaborative working
- Developing Integrated Care at a local level
- Primary Care development
- Safe, effective care providing the best possible health and care outcomes and patient experience

What is the <b>financial/ resource</b> required?	N/A
What <b>legislation, policy or other guidance</b> is relevant?	<ul style="list-style-type: none"> <li>• GP Forward View published April 2016</li> <li>• The NHS Long Term Plan published Jan 2019</li> <li>• The NHS GP Contract five year framework Jan 2019</li> </ul>
Is an <b>Equality Analysis</b> required?	<ul style="list-style-type: none"> <li>• Not indicated</li> </ul> <p>No change to the service currently delivery which will have previously undergone Equality Analysis.</p>
Any <b>Patient and Public Engagement/ consultation</b> required?	Not Required
Potential <b>risk(s)</b> ? (including reputational)	N/A

**Recommendation(s):**

(1) To note enclosed report

**Next Steps:**

N/A

# PRIMARY CARE PROGRAMME OF WORKS ASSURANCE REPORT

April 2019

## EXECUTIVE SUMMARY

The purpose of this report is to provide the Primary Care Operational Group and Primary Care Commissioning committee with assurance across all areas of Surrey Heartlands primary care, with updates on the implementation of programmes of work and delivery of expected benefits, status of performance metrics monitored by NHS England, outcomes of population health management initiatives and work underway to address unwarranted variation.

## PART 1: RECOMMENDATIONS FROM PCOG

The purpose of Part 1 is to give an executive summary, and reflect all of the recommendations made at each of the Surrey Heartlands PCOGs.

Quoracy was not met for any of the meetings on 26<sup>th</sup> April 2019, this is being reviewed. Recommendations have been listed below, and the minutes are attached to appendix 1.

### Guildford and Waverley Recommendations

#### 25<sup>th</sup> March 2019

No formal recommendations were made to PCCC, but conversations under the following items should be noted.

- **Agenda item 7** – The budget for the SMI LCS review would be looked at by the finance team after report that in other CCGs this is funded by the Mental Health Commissioner
- **Agenda Item 9** – The Better Care Together Programme engagement events would commence after the local elections on the 2<sup>nd</sup> May
- **Agenda Item 10** – The LCS review would come back to PCOG in April.

#### 26<sup>th</sup> April 2019

The following recommendations and notifications were made to PCCC:

- **Agenda item 6** – To Note  
The month 12 report is slightly shorter to highlight the delegated co-commissioning position, whilst the finance team have been processing year-end accounts for the Surrey heartlands CCG's
- **Agenda item 7** – To Note

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

The case for change document for the Better Together Program will be brought back to PCOG in May

- **Agenda item 8** – To approve  
To devolution of Care navigation funding to PCN level.
- **Agenda item 9.1** – To Note  
The new structure of the Primary Care Programme of Work assurance report.
- **Agenda item 9.2** – To Note  
To be amended to include utilisation period for the whole service and over the Christmas period. The weighted population sizes to be added into the report and the impact on A&E attendances to be considered within the final draft of the report.
- **Agenda item 10** – To Note  
Procurement of the Online consulting products had been halted until the NHS procurement framework had reworked its requirements in line with the long term plan. Virtual sign off of the procurements requirement documentation would be reached virtually through PCOG for onward travel to PCCC.
- **Agenda item 11** – To Note  
An executive summary would be included in the risk log for its future presentations to PCOG.
- **Agenda item 12** – To Note  
An executive summary would be included in the risk log for its future presentations to PCOG.
- **Agenda item 13** – To Note  
As part of the LCS review Primary Care Commissioning and Contracting would circulate to PCOG members LCSs that could be aligned quickly across the Surrey Heartlands for comments and review.
- **Agenda item 14.1** – To Note  
The Primary Care team are working with Imperial College Hospital to identify patients that practices will need to carry out risk assessments on following their IT glitch through DOCMAN.

## North West Surrey Recommendations

29<sup>th</sup> March 2019

No formal recommendations were made to PCCC, but conversations under the following items should be noted.

- **Agenda Item 6** – The budget for the SMI LCS review would be looked at by the finance team following reports that in other CCG's this is funded by the Mental Health Commissioner.
- **Agenda Item 11** – The LCS review would come back to a future PCOG
- **Agenda item 6 (closed item)** – Members recommend to PCCC to continue with the LCS for Ear Micro Suction and Irrigation.

## Working together as the Surrey Heartlands Clinical Commissioning Groups

26<sup>th</sup> April 2019

The following recommendations and notifications were made to PCCC:

- **Agenda item 6** – To Note  
The month 12 report is slightly shorter to highlight the delegated co-commissioning position, whilst the finance team have been processing year-end accounts for the Surrey heartlands CCG's
- **Agenda item 7** – To approve  
To devolution of Care navigation funding to PCN level.
- **Agenda item 8** – To Note & approve  
The QDS scheme for NWS would continue until 20/21 when it would be driven by the new contract and deliver at a PCN level.
- **Agenda item 9** - To Note  
Procurement of the Online consulting products had been halted until the NHS procurement framework had reworked its requirements in line with the long term plan. Virtual sign off of the procurements requirement documentation would be reached virtually through PCOG for onward travel to PCCC.
- **Agenda item 10.1** – To Note  
The new structure of the Primary Care Programme of Work assurance report.
- **Agenda item 10.2** – To Note  
To be amended to include utilisation period for the whole service and over the Christmas period. The weighted population sizes to be added into the report and the impact on A&E attendances to be considered within the final draft of the report.
- **Agenda item 11** – To Note  
An executive summary would be included in the risk log for its future presentations to PCOG.
- **Agenda item 12** – To Note  
An executive summary would be included in the risk log for its future presentations to PCOG.
- **Agenda item 13** – To Note  
As part of the LCS review Primary Care Commissioning and Contracting would circulate to PCOG members LCSs that could be aligned quickly across the Surrey Heartlands for comments and review.
- **Agenda item 14.1** – To Note  
The Primary Care team are working with Imperial College Hospital to identify patients that practices will need to carry out risk assessments on following their IT glitch through DOCMAN.

## Surrey Downs Recommendations

22<sup>nd</sup> March 2019

No formal recommendations were made to PCCC.

## Working together as the Surrey Heartlands Clinical Commissioning Groups

26<sup>th</sup> April 2019

The following recommendations and notifications were made to PCCC:

- Agenda item 6 – To approve  
Devolution of Care navigation funding to PCN level
- Agenda item 7 – To note  
The new structure of the Primary Care Programme of Work assurance report and to note the Extended Access Update Report.

## PART 2: PROGRAMME DELIVERY UPDATE

This section of the report provides an update on the five workstreams that support delivery of the GP Forward View, The NHS Long Term Plan, and GP Contract. Appendix 2 will provide an overview of the key schemes and objectives within each workstream.

### Pipeline

There are 3 schemes in the pipeline which are being scoped for potential incorporation into the Primary Care Programme of Works.

- Next Generation GPs (NGGP)** – part of the Workforce workstream, this scheme is a funded national leadership programme for emerging leaders and future ‘change- makers’ in general practice. The programme is aimed at GP trainees and early career GPs with an interest in health policy and the wider NHS.
- Surrey 500** – also part of the Workforce workstream, this scheme focuses on systems leadership rather than the traditional theories of management and leadership. It focuses on the skills needed to work collaboratively across systems. The programme will help participants consider how to build relationships with peers and support the co-creation of solutions to improve the health and well being of the population.
- NHS App** – part of the Infrastructure (IM&T) workstream, the NHS App will provide a simple and secure way for people to access a range of NHS services on their smartphone or tablet. GP practices are being connected gradually and will all be connected by the 1<sup>st</sup> July 2019.

### Implementation

There are 34 schemes in the implementation phase, the status of which are outlined below.

Table 1: GPFV Programme - Overview of RAG status

Workstream	Number of Schemes		
	RED	AMBER	GREEN
Care Redesign	0	4	22
Workload	0	1	1
Workforce	0	2	1

## Working together as the Surrey Heartlands Clinical Commissioning Groups

Practice Infrastructure	0	2	1
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There are a number of known risks and issues impacting on implementation of schemes; the details and mitigating actions to address slippage are outlined below:

### Surrey Heartlands Primary Care Risks

- a) **Workstream: Care Redesign (Risk RAG = Red)** – If the transition from Open Exeter to the new system is not effectively managed, there is a risk of Primary Care services not being delivered effectively. There is also a financial impact to GP practices and CCGs as well as safety risk to the patients. There is a national decision to change database.

Title	Owner	Handler	Main Responsible Committee	Initial Rating	Current Rating	Target Rating	Risk Appetite	T Value	Last Update
Open Exeter	Nikki Mallinder	Shelley Eugene	Primary Care Commissioning Committee	15	15	8	Moderate 5 – 8	Treat	Shelley Eugene 09/04/2019 18:44:11

**Update:** The CCG have quarterly updates with PCSE via NHS England networks to update us on progress. The CCG has offered PCSE named practices who could be used as pilot sites.

- b) **Workstream: Workforce (Risk RAG = Amber)** – 40% of the Surrey Heartlands General Practice Nurse Workforce are over the age of 45 years. When General Practice Nurses leave/retire their Expert Generalist Skills and any organisational memory will be lost, and there are insufficient numbers of newly qualified nurses choosing primary care as a work place. This will have a potential effect of Primary Care not having the necessary workforce with the required skills to deliver the increasingly complex care in a primary care setting. Historically there has been a lack of investment in GP Nursing and the nationally there are high levels of vacancies in all areas of nursing.

Title	Owner	Handler	Main Responsible Committee	Initial Rating	Current Rating	Target Rating	Risk Appetite	T Value	Last Update
GPN Workforce Demographic	Nikki Mallinder	Joanna Hodgkinson	Primary Care Commissioning Committee	12	9	4	Low 1-4	Treat	Joanna Hodgkinson 10/04/2019, 11:53:06

**Update:** Transferred Ownership of Risk from Eileen Clark (Quality) to Nikki Mallinder (Primary Care). In Q3 80% of Practices across Surrey Heartlands completed the workforce tool.

- c) **Workstream: Workforce (Risk RAG = Yellow)** – A lack of exposure to Primary Care for student nurses will reduce numbers of qualified nurses choosing primary care as a first choice career destination affecting supply. This significant reduction in new GPNs choosing to work in Primary Care may create a threat to the out of hospital strategy.

Title	Owner	Handler	Main Responsible Committee	Initial Rating	Current Rating	Target Rating	Risk Appetite	T Value	Last Update
Insufficient number of GP Practices hosting pre registration students	Nikki Mallinder	Joanna Hodgkinson	Primary Care Commissioning Committee	12	8	3	Zero	Treat	Joanna Hodgkinson 10/04/2019 11:51:30

**Update:** Plan from HEE to pilot placements for all students – medics, nurses, pharmacists and paramedics etc. at multi sites via a hub and spoke to broaden placement experience in an out of hospital setting.

- d) **Workstream: Workforce (Risk RAG = Green)** – Discontinued funding from Health Education England Kent Surrey and Sussex for the 4 year piloted role of the Primary Care Workforce Lead may mean that the work that has gone into the development of the existing workforce in primary care, as well as developing new roles in primary care, will not be continued. This may have an impact on; the education of the current nurse and HCA workforce, where training will revert to an adhoc basis rather than a co-ordinated systematic approach, the development and implementation of new roles in Primary Care will not be continued, the retention and retraining of nurses to return to primary care will not be continued, and working relationships across the wider CEPN will become more challenging. This source of this risk was due to the end of funding from HEKSS to support the pilot role and as yet unidentified on going funding.

Title	Owner	Handler	Main Responsible Committee	Initial Rating	Current Rating	Target Rating	Risk Appetite	T Value	Last Update
End of Pilot for Primary Care Workforce Lead Role	Nikki Mallinder	Joanna Hodgkinson	Primary Care Commissioning Committee	9	1	4	Low 1-4	Treat	Joanna Hodgkinson 10/04/2019 11:57:25

**Update:** The Primary Care Team structure has been approved to contain this function substantively.

## Surrey Heartlands Primary Care Issues

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

- a) **Workstream: Workforce (Issue RAG= Red)** – Continuing Local and national challenges to recruit GPs to post and enhanced skill set in Primary Care. Unable to deliver high quality Primary Care and the CCG’s model of care. Limited ability of Primary Care to transform. Sustainable primary care workforce will not be achieved. Impacts on service delivery.

CCG	Date Raised	Status	Issue Owner	GP Practice	Locality	Contract	Financial Impact?	Impact to Primary Care	Priority for PCCC	RAG Score	Target Date for Resolution	Progress
NWS and G&W	07/04/2017	Open	Nikki Mallinder	All	All	All	Yes	3 – High	2 – Medium	6	Ongoing	1 – Analysis Underway

**Issue Response:** Recruitment/ workforce/ skill mix strategies incorporates into the Primary Care Strategy. CCG has appointment Internal Primary Care Workforce Tutor via Health England Kent Surrey & Sussex. Workforce tutor commenced role and working with locality team to support practices.

**Update:** Status remained unchanged.

**Current Issue RAG = Green**, 09/04/2019

**Last Update By =** Liz Davis

**Review Date =** 10/05/2019

- b) **Workstream: Infrastructure (Issue RAG= Amber)** – Docman CAS. 6 North West Surrey Practices have received duplicate letters (as much as 8,000 in one case).

CCG	Date Raised	Status	Issue Owner	GP Practice	Locality	Contract	Financial Impact?	Impact to Primary Care	Priority for PCCC	RAG Score	Target Date for Resolution	Progress
NWS	01/11/2017	Open	Nikki Mallinder	All	All	GMS	Yes	2 – Medium	2 - Medium	4	Ongoing	2 – Reviewing Options

**Issue Response:** Weekly conference call to provider to account to fix the issue for named practices. April: risk review, Links with quality team.

**Update:** Surrey Heartlands (91 practices) report 56,137 unprocessed documents with an additional 2 practices that had closed down. **Propose to close.**

**Current Issue RAG = Amber**, 16/04/2019

**Last Update By =** Nikki Mallinder

**Review Date =** 10/05/2019

- c) **Workstream: Infrastructure (Issue RAG= Amber)** – NHSPS Leases. 18 GP Practices who occupy NHSPS owned properties without leases. NHSPS is working on new leases which are disproportionate to current market rent with regard to high services changes. Risk of practices no resolution between practices and NHSPS landlord. May destabilize GP Practices.

CCG	Date Raised	Status	Issue Owner	GP Practice	Locality	Contract	Financial Impact?	Impact to Primary Care	Priority for PCCC	RAG Score	Target Date for Resolution	Progress
NWS & G&W	01/02/2018	Open	Nikki Mallinder	All	All	GMS	Yes	2 – Medium	2 – Medium	4	Ongoing	2 – Reviewing Options

**Issue Response:** NHSE/CCG supporting practices to negotiate new leases with NHSPS landlord

**Update:** No Change

**Current Issue RAG = Amber**, 23/04/2019

**Last Update By =** Mandeep, Singh

**Review Date =** 10/05/2019

### Delivery

The Delivery Update will provide an overview on whether the schemes are delivering the expected benefits and will reference a new *Programme Outcomes Dashboard* which is under development. Currently underway is the creation of a benefits profile for each scheme which will feed into the metrics monitored and presented in the dashboard. This will feature in the May 2019 report.

### PART 3. PRIMARY CARE PERFORMANCE

This section of the report will reference a new *Primary Care Performance Dashboard*, which will show whether the CCG are on track against the plan and trajectories that were submitted to NHS England as part of the 2019/20 CCG Planning Returns. (The CCG is required to submit routine assurance returns to NHS England every month). This will feature in the May 2019 report.

## **PART 4. MANAGING DEMAND AND UNWARRANTED VARIATION**

Part 4 will summarise the findings from statistical analysis and benchmarking of Surrey Heartlands referrals, A&E attendances, NEL admissions activity, identifying areas for quality improvement and outlining the work underway by the CCG to proactively support practices in order to reduce variation. This will feature in the May 2019 report.

## **PART 5. POPULATION HEALTH MANAGEMENT**

Part 5 of the report is intended to provide assurance on the work underway to manage the health of the Surrey Heartlands population, for example through utilisation of risk stratification tools. This section requires further consideration as to the content but will likely look at access, utilisation and impact of interventions such as these. Feedback from PCOG is welcome.

## PRIMARY CARE OPERATIONAL GROUP Surrey Downs

### Approved PCOG MINUTES

#### Part One

<b>Date</b>	22/03/2019	<b>Time</b>	13.00-15.00
<b>Venue</b>	Surrey Downs CCG, Cedar Court, 36 Guildford Rd, Fetcham, Leatherhead KT22 9AE		

#### Members/ Attendees:

	<i>Name</i>	<i>Title</i>
<b>Chair</b>	Shelley Eugene (SE)	Head of Primary Care Commissioning and Development
<b>Members</b>	Charlotte Clark (CC)	Primary Care Manager
	Paul Coppini	Primary Care Contracts Manager Surrey Downs
	Dr Robin Gupta (RG)	Dorking Locality Lead and Primary Care Lead
	Dr Jill Evans (JE)	GP, East Elmbridge Locality
	Dr Nicola Kirby (NK)	Clinical Chair, Epsom locality
	Nanette Nobes (NN)	Practice Manager, Dorking Locality
	Joseph Todd (JT)	Practice Manager, East Elmbridge Locality
	Rachael Graham (RGr)	Deputy Director of Contracts: Non Acute and Primary Care
	Tracey Amatt	Surrey and Sussex LMCs
	Gigi Langlois-Pearson	Primary Care Contracts Manager North West Surrey
<b>In Attendance</b>	Anita Nowak	Diabetes Commissioning Projects Manager
<b>Apologies Members</b>	Tania Omany (TO)	Practice Manager, Epsom Locality
	Dr Natalie Moore (NM)	Clinical Lead, Planned Care

Reviewed by

	<i>Name</i>	<i>Title</i>
	Helen Snelling (HS)	Head of Primary Care Contracts
	Claire Fuller (CF)	Deputy Chief Finance Officer
	Nikki Mallinder (NMa)	Associate Director of Primary Care Commissioning and Development
	Carole Melody (CM)	Head of Finance
	Jo Hodgkinson (JH)	Primary Care Workforce Tutor and Development lead
	Lorna Hart (LH)	Deputy Managing Director of Surrey Downs CCG
<b>Apologies Attendees</b>	Jess Bungay	Primary Care Team

<b>Item No.</b>	<b>DISCUSSIONS AND NEW ACTIONS</b>	<b>BY WHOM</b>	<b>DEADLINE</b>
<b>1</b>	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed members and attendees gave introductions; apologies were received as detailed above.</p> <p><b>Action: TA to be added to be reflected as a member of the meeting on the attendance record</b></p>	TA	26 <sup>th</sup> April 2019
<b>2</b>	<p><b>Declarations of Interest</b></p> <ul style="list-style-type: none"> <li>To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete.</li> <li>To receive any declarations of interest pertinent to items on this agenda.</li> </ul>		
<b>3</b>	<p><b>Quorum *</b></p> <p>As the required quorum was met, the Chair declared the meeting open.</p>		
<b>4</b>	<p><b>Minutes from last meeting on 15 Feb 2019</b></p> <p>It was agreed the minutes from the previous meeting could be agreed as an accurate record following amendments to the attendance record.</p>		
<b>5</b>	<p><b>Matters Arising from last meeting: Action Log</b></p> <p>The action long was agreed and updated. See appendix 1.</p>		
<b>6</b>	<p><b>Diabetes Update</b></p> <p>AN attended the meeting to present the attached Diabetes update. This had been presented to the last Practice Managers meeting in Surrey Downs.</p> <p>The key aspects of the Diabetes LCS were;</p>		

Reviewed by Shelley Eugene

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<ul style="list-style-type: none"> <li>• To have one primary care contract across the Surrey Heartlands with an outcome based payment mechanism.</li> <li>• The two aspects where claimed and paid for at Q4:               <ol style="list-style-type: none"> <li>1. Delivery of all 8 NICE Care Processes (8NCP)</li> <li>2. Achievement of the 4 Treatment Targets</li> </ol> </li> <li>• Based on 'old' 3 treatment targets               <ol style="list-style-type: none"> <li>1. 'OLD' target used up to 16-17, covered: HbA1c, blood pressure and cholesterol</li> <li>2. 'New' measure includes:HbA1c, blood pressure &amp; statin prescription.</li> </ol> </li> </ul> <p>The Surrey Downs claims at Q3 were reviewed. It was important to note that the number available for a full year for 8NCP calculated as patients on a diabetic register from QOF 17/18 multiplied by eight.</p> <p>The members reviewed the 8NCP claims across the 3 CCG's. G&amp;W's LCS did not start until Q2, in Q1 practices claimed for an annual review against the old LCS and those figures had not been reflected.</p> <p>There are some changes re: QOF and referral population, this will not affect LCS, as this has been re planned for the 2 years. The model was around the 60% achievement so this does not need to change anything.</p> <p>Next steps – looking at the analysis of the quarter packs and benefits, how we have been performing for the Diabetic population there have been audits which affect more NWS and G and W pre-diabetic register. For Surrey Downs working on mobilisation working with Epsom Hospital on transitioning.</p> <p>For quarter 4 claims there is an opportunity to correct any under/over claims from Q2 and Q3. The claims can be run and claim for 8NCP and 3TT bonus payment searches. This will ensure there are opportunities to claim for audit and education backfill are optimised.</p> <p>There are no changes recommended to the Surrey Heartlands LCS in year 2 as;</p> <ul style="list-style-type: none"> <li>• Exception reporting had been considered and LCS finances were modelled on a maximum of 60% patients ever achieving the 3 Treatment Targets to account for frailty</li> <li>• NDA audit changes don't align completely with QOF. NDA team recommend a wait of 12 months before considering and changes</li> <li>• The LCS has one year left to run.</li> </ul> <p><b>Next Steps</b></p> <p>Surrey Heartlands next steps will be;</p> <ul style="list-style-type: none"> <li>• To analyse Q4 claims to evidence impact, benefits and risks</li> <li>• Identify areas to audit e.g. Pre-Diabetes Register in NWS and G&amp;W</li> </ul> <p>Surrey Downs next steps;</p> <ul style="list-style-type: none"> <li>• Mobilisation working with Epsom Hospital on transitioning.</li> </ul>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
7	<p><b>Finance Report</b></p> <p>The attached month 11 finance report was presented to the members. The report detailed the performance against the primary care and GP Forward view allocations to the end of February.</p> <p>It was discussed that the Finance team were undertaking a piece of work to look at the underspend of LCS's and hoped to share more at the Surrey Downs LMC meeting in April.</p> <p>SE reported that next month the finance report would reflect the line of the delegated commissioning.</p> <p>Prescribing is still reflecting an underspend work is being done to look at the enhanced services. It was reported that when calculating the prediction for year everything that comes through including what the take-up will be of the 2 most recent LES and LCS that come out for ADHD also for SMI's.</p> <p>The Practice Prescribing Authority (PPA) data is received two months in arrears so this report is based upon actual expenditure for the first eight months and an estimate for the following two months. The position includes dressings and other costs of prescribing, the year to date is an underspend of £268k. At Month 11 this has been forecast to an underspend of £313k by year end.</p> <p>A QIPP plan of £2m has been set for Medicines Management. Performance against the programme is currently on plan and forecast to deliver in full for the year.</p> <p><b>GP Forward View</b></p> <p><b>Clinical Navigation Training</b> SE reported that there was still a budget for the Clinical Navigation Training. As an outcome of the GP Contract SE said that she would be requested from NM that reception training could be devolved to PCNs to arrange locally and this would tie in with the social navigation posts. With the new GP contract in terms of social prescribing link worker it may be more beneficial that this is done at a more local basis.</p> <p><b>Improved Access</b> RGr reported on the next steps for Improved Access. She reported that SHs issued interim contracts for GP improved primary care access to each of the federations so this is 5 contracts each with an extension option – the plan originally included the firming up of the specification post award and testing the service through delivery and going out to market to secure a longer term provider or providers of that service across the Surrey Heartlands footprint.</p> <p>With the release of the BMA 5-year investment framework there was a summary and strategic oversight in to what the contract will include – when looking at the Network DES contract the inclusion of primary care access funding, extended hours and CCG funding, appear to be wrapped up in that DES. This signalled that the CCGs needn't undertake such a competition. It appears that the requirements of current interim contracts</p>		

Reviewed by Shelley Eugene

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>would be incorporated within that DES.</p> <p>In the meantime, SHs have just requested new financial templates from the Federations and we will be looking at ongoing provisions as we move up to the extended scope (6 months ahead). We will also be pulling together dashboards for the KPIs.</p> <p>SE confirmed that Business Cases received for 18/19 £3 per head transformation monies, just awaiting final business case from SMN</p> <p><b>Online Consultations</b></p> <p>An allocation of £102k has been received to contribute towards the cost of online consultation systems to improve access and make best use of clinician's time. A project team has been set up across Surrey Heartlands which will work with GP practices and stakeholders to evaluate the current pilot (using e-consult) and to manage the future procurement and deployment of online consultation systems.</p> <p><b>Action: CC to add Online Consultations to the next round of locality meetings</b></p> <p><b>Action: Enhanced services to be broken down into LCS rather than practice.</b></p> <div style="text-align: center;">  <p>M11 PCOG Surrey Downs CCG Final.pdf</p> </div>		
8	<p><b>GP Contract/Long Term Plan</b></p> <p>SE reported on the GP Contract and the Long Term Plan. SE went through the different stages within the contract and how it would align to the delivery of the Long Term Plan</p>		
9	<p><b>TOR sign off</b></p> <p>These would need to be approved in light of the changes made with the PCCC TOR</p>		
10	<p><b>LCS Review</b></p> <p>The Primary care team are reviewing the LCS across the Surrey Heartlands to try and harmonise the LCS's across all three CCG's.</p> <p>RG enquired if the CCG's should be looking at an LCS to offer ECGs and interpreting service across the Surrey Heartlands. SE confirmed that as there were different pathways for ECGs it was difficult to set up a LCS as the service was being provided by the Federations in two out of the three localities and LCSs should be available for all. It was agreed that this would be discussed further and Bal would be invited to the next meeting</p> <p>A general discussion took place on LCS. SE said that we had to look at the future and when commissioning services as part of population management would LCS' be appropriate to have across SH? We would</p>	SE	26/4/19

Reviewed by Shelley Eugene

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	also need to think about equity of monies across the PCNs and that there would be consistent prices and provision of services at scale		
11	<p><b>Interpretation &amp; Translation – approval of procurement tender documents</b></p> <p>This was removed from the agenda due to commercial sensitivity. This would be covered off in a part 2 of the meeting.</p>		
12	<p><b>Risk Log</b></p> <p>The risk log sits within the Commissioning Tracker. The CCG have a piece of software called Datix which puts these trackers on and these are taken to the PCCC Meetings.</p> <p>PCCC focus on the contracting side the Commissioning and Development team will also bring issues and risks to the attention of PCCC</p>		
<b>AOB</b>			
13	<p><b>AOB</b></p> <p>The Palpitation pathway was issues to practices via email and RG stated that this should go through CC for discussion</p> <p>SE said that she would raise with BC</p>	SE to speak to BC	26/4/19
14	<p><b>Recommendations to PCCC</b></p> <ul style="list-style-type: none"> <li>No formal recommendation were made to PCCC</li> </ul>		
<b>Date of next meeting: 26<sup>th</sup> April 2019</b>			

Appendix1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	22/03/19	1	Action: TA to be added to be reflected as a member of the meeting on the attendance record	26/04/2019	JB	Update: Complete	CLOSED
2	22/03/19	7	Action: CC to add Online Consultations to the next round of locality meetings	26/04/2019	CC	Update: Complete	CLOSED
3	22/03/19	7	Action: Enhanced services to be broken down into LCS rather than practice.	26/04/2019	CC		OPEN
4	22/03/19	10	Action: BC to be invited to next PCOG meeting in April	26/04/2019	SE	Update: Complete	CLOSED
5	22/03/19	13	Action: SE to raise discussions on clinical pathways to go through CC with BC	26/04/2019	SE	Update: Complete	

Reviewed by

**Confirmed PCOG MINUTES  
Part One**

<b>Date</b>	29 <sup>th</sup> March 2019	<b>Time</b>	09:00 – 10.30
<b>Venue</b>	Masonic Hall, Ockford Road, Godalming GU7 1RQ		

**Members/ Attendees:**

	<i>Name</i>	<i>Title</i>
<b>Chair</b>	Caroline Farrar (CFA)	Deputy Managing Director, G&W CCG
	Dr Susan Denton (SD)	GP Representative – Guildford Locality
	Rose Parry (RP)	Patient Representative
	Helen Snelling (HS)	Head of Primary Care Contracts, Surrey Heartlands CCGs
	Anna Larkham (AL)	Lead Community Nutritional Management Specialist
	Suzanne Case–Green (SCG)	Primary Care Contracts Manager, Surrey Heartlands CCGs
	Tracey Amatt (TA)	Surrey and Sussex LMCs
	Dr Jonathan Inglesfield (JI)	GP Representative – Waverley Locality
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
<b>In Attendance</b>	Tracey Fossaluzza (TF)	Diabetes Programme Manager
	Caroline Bedford (CB)	Project Manager Planned Care
	Carina Joanes (KJ)	Pharmacist, Medicines Management Team
<b>Apologies Members</b>	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care
	Claire Fuller (CF)	Deputy Chief Finance Officer, Surrey Heartlands CCGs
	James Cotton (JC)	NHS England – South East (Kent, Surrey and Sussex)
	Mandeep Singh (MS)	Primary Care Finance Manager
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs

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	<i>Name</i>	<i>Title</i>
	Robin Forward (RF)	Practice Manager, Guildford Locality
<b>Apologies Attendees</b>		

<b>Item No.</b>	<b>DISCUSSIONS AND NEW ACTIONS</b>	<b>BY WHOM</b>	<b>DEADLINE</b>
<b>1</b>	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed members and attendees; apologies were received as detailed above.</p>		
<b>2</b>	<p><b>Declarations of Interest</b></p> <ul style="list-style-type: none"> <li>To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete</li> <li>To receive any declarations of interest pertinent to items on this agenda</li> </ul>		
<b>3</b>	<p><b>Quorum *</b></p> <p>Due to the apologies received from RF, Quorum for the meeting was not met. There were no items on the agenda that required a recommendation so the decision was taken to continue with the meeting.</p> <p>It was agreed the Practice Manager expressions of interest that had been received to join the PCOG membership would be taken to the Locality meeting on the 11<sup>th</sup> April for a formal vote by the locality members.</p> <p>NHSE hadn't attended the meeting. HS confirmed that NHSE attend for the first year of the meeting. NHSE would retain a seat on the membership but would no longer be regular attendees.</p>		
<b>4</b>	<p><b>Minutes from last meeting on 22<sup>nd</sup> February 2019</b></p> <p>The minutes of the meeting were reviewed and could be agreed as an accurate record of the meeting pending the following changes;</p> <p>Item 6 pg. 3 – the following wording to be added to the end of paragraph 3; “concerns were raised that the rate of diagnosis may be reduced by a previous consultant psycho-geriatrician favoring a diagnosis of ‘mild cognitive impairment’ rather than ‘Dementia’.”</p> <p>Item 7 - The extra question marks to be removed to ensure the wording for the Finance report was clear.</p> <p>Item 9 pg. 5 - wording should be ...as a large DES (Directed Enhanced Service) ...rather than ‘directory of services’</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
5	<p><b>Matters Arising from last meeting: Action Log</b></p> <p>The action log was reviewed and amended.</p> <p><b>5.1</b> JI enquired as to the progress of the equity of access to the Improved Access programme. There was a concern that the practices hosting the Improved Access were using the majority of the appointments and other surgeries that were further aware were not benefiting from these clinics. SE confirmed that two additional hubs had been opened up, these were The Merrow practice and The Villages practice.</p> <p>JI wanted it to be confirmed that the monitoring of these clinics was ongoing. SE noted that this was ongoing and access to this information was available. The information was being collated up to the end of March with the £3.34 element of the contract. The next step of the contract would move to £6 per head and KPIs would then form part of this information.</p> <p>SE noted that a paper would be brought to PCOG at the end of quarter four detailing all of the data from the Improved Access programme for the members to review.</p> <p><b>Action: Improved access programme to be added to the agenda for PCOG in April.</b></p> <p><b>5.2</b> There was a conversation about the progress of action 15 from the January PCOG and the progress of a Mental Health LCS. SD confirmed that she had spoken with Kevin Solomon, Rachel Mckay and Simon Whitfield. SD noted that Kevin Solomon was leading on the LCS.</p> <p>CFa had invited cJ to the meeting as the medicines management team had concerns over the complexity of the LCS development.</p> <p>CJ noted that it was not a simple case of an LCS as clarity needed to be determined about what the LCS included and where the responsibility lines sat.</p> <p>SD reported that Surrey and Borders have an Integrated Mental Health pilot that is currently running and the mental health LCS is a key part of the pilot. The LCS had been agreed at board level and the LCS was required in order for the practices involved to continue with the pilot.</p> <p>Rachel Mackay had raised concerns over the LCS development with regard to the devolved responsibility and the shared care implications. CJ reported that she would contact Rachael Mackay to discuss the LCS.</p> <p><b>Action: KJ to contact Rachel Mackay to discuss the LCS.</b></p> <p>TA attended the meeting at 9.26am.</p> <p>SD expressed that the LCS was agreed to be implemented in the same way that Surrey Heath had done and this would then be rolled out across the Surrey Heartlands.</p> <p>TA asked the LMC be included in any correspondence over the LCS development.</p>	<p>JB</p> <p>KJ</p>	<p>26<sup>th</sup> April</p> <p>26<sup>th</sup> April</p>

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
5.3	<p>SD noted that she had a copy of the Mental Health LCS that was developed in Surrey Heath and would forward to TA  <b>Action: SD to forward the copy of the Mental Health LCS that was developed in Surrey Heath to TA.</b></p> <p>CFa notified the members that there were Confidentiality agreements within the meeting papers, these need to be signed and return to JB before the end of the meeting. This was because procurement papers for the Interpreting and Translation Services that were commercially sensitive were incorrectly added to PCOG part 1 meeting when they should have been added to PCOG part 2.</p>	SD	26 <sup>th</sup> April
6	<p><b>Finance reports month 11</b></p> <p>There was no a member of the finance team in attendance at the meeting to present the paper.</p> <p>CFa noted that the key change from previous months was that it had been confirmed that the GP pay award will not be funded by NHSE.</p> <p>True ups from NHSPS had still not been received by the CCG so the underspend was still being held as a contingency for both items.</p> <p>SE said there had been conversations with the LMC about the LCS underspend and that this didn't go back into Primary Care funding. LCSs are treated differently to the surplus risk reserve.</p> <p>There were concerns about the reported underspend on LCS for 18/19. JI asked if there could be a commitment from the CCG to ensure that there isn't an underspend for 19/20. SE reported that she would need to get confirmation from Claire Fuller before she could commit an answer.</p> <p>Claire Fuller is undertaking a piece work around the LCSs and the budgets across the three CCGs looking at the underspends and will be bringing back a paper to PCOG and PCCC. Currently Finance are conducting year end so she could not confirm that this paper would be coming back in April.</p> <p>There would be a LCS review conducted to maximise the budget for the next financial year and would need to look at LCSs moving forward in line with the GP contract.</p> <p>HS noted that because of the extended hours changes to the DES with the responsibility moving to PCNs to deliver as of the 1<sup>st</sup> July, Contracts were seeing more practices coming forward to sign up to the extended hours DES. This will have an impact on the budget for quarter 1 of the new financial year.</p> <p>SE explained that there is also a commissioned service around improved access which sits outside of core hours. PCNs haven't yet decided what is the best way to deliver extended hours as a PCN.</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>CFa explained that it was important to not jump the gun ahead of the release of technical guidance from NHSE. There is time set aside at the locality meeting on the 11<sup>th</sup> of April to discuss this further once technical guidance is received.</p> <p>The LMC cautioned practices not to rush until technical guidance is released.</p> <p>Jl enquired if practices had been given lists of existing LCSs that are not universally taken up by practices.</p> <p>HS understood that planning for PCNs is crucial but as of the middle of May there is still not a defined list of PCNs that had gone up to NHSE, so it may be a little premature. When the technical guidance is read and digested there will be a pack of information that will need to go out to PCNs.</p> <p>TA raised concerns that she had brought up at the LMC meeting in Guildford and Waverley. She would like to see:</p> <ul style="list-style-type: none"> <li>• A line by line budget for each of the LCSs</li> <li>• The PMS release pulled out of the budget so it could be understood and tracked to see how it's working and ensured it is properly spent</li> </ul> <p>TA also raised concerns about the SMI LCS, in other areas the LCS is funded from Mental Health budgets but in Surrey Heartlands it comes from the LCS budget. Surrey Heartlands were quick to get the LCS going and were unaware that other areas funded this through Mental Health. The Mental health commissioner should have been looking at the budget to see where it could have been transferred over.</p> <p>CFa noted that the LCS had gone through all PCOG meetings across Surrey Heartlands and PCCC before being implemented and these concerns had not been raised. TA suggested that further discussions should be had as at the time it travelled through the Surrey Heartlands meetings it had not been identified that it was funded through Mental Health budgets.</p> <p><b>Action: CF to look into the SMI LCS and its funding through mental health budgets and if this could be transferred.</b></p> <p>SD noted that the report detailed that PCNs had claimed the 30p funding but this had not yet occurred. It was agreed that this should be amended within the report.</p> <p><b>Action: Finance report to be amended to reflect that PCNs had not yet claimed the 30p funding.</b></p> <div style="text-align: center;">  <p>Finance report.pdf</p> </div>	<p>CF</p> <p>CF</p>	<p>26<sup>th</sup> April</p> <p>26<sup>th</sup> April</p>
7	<b>Diabetes Update</b>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>TF and CB presented the attached slides to update members on the Surrey Heartlands Diabetes LCS as of Quarter 3.</p> <p>The LCS was changed to have one primary care contract across Surrey Heartlands so that all three CCGs were paying in the same way for the same LCS on an outcome based mechanism.</p> <p>The practices were previously paid for doing an annual review where it was recommended that all NICE recommended eight care processes here undertaken. The new mechanism is paid by each test completed and a bonus payment for all eight.</p> <p>There are two aspects paid for at Quarter four that are not included in this report. The two bonus payments;</p> <ol style="list-style-type: none"> <li>1. Achieving the NICE recommended three treatment targets</li> <li>2. Achieving the eight NICE care processes</li> </ol> <p>TF noted that for the National Diabetes Audit there are new thresholds for the three treatment targets; however, it had been agreed that the LCS would remain on the old treatment targets as these were already in place with higher achievements.</p> <p>TF had split the G&amp;W claims at quarter 3 into different aspects. G&amp;W had a difference to the other CCGs due to the fact that in Quarter 1 the old LCS was still in place. The old LCS paid out on an annual review basis, the review had not detailed how many of the eight NICE care tests were carried out.</p> <p>The first service element is the eight NICE Care Processes, and all 21 practices have put in claims for these. The number available for the year has been estimated by taking the QOF Diabetic register for the practices from 17/18 and multiplied this figure by eight. In Quarter two and three the practices have claimed £31,500 which is just under half of the total.</p> <p>There are two aspects for payment of education:</p> <ul style="list-style-type: none"> <li>• Five hours of GP time</li> <li>• Five hours of Nurse time</li> </ul> <p>This can be any education that the practice would like to go on including attending shared care meetings along as it's around diabetes. There is two hours claimable for GP time to complete the diabetes audit. It's not specified that a GP undertake the audit a Nurse can complete the audit but the practice can claim the GP payment rate.</p> <p>TF noted that an aspect specific to G&amp;W was the Insulin initiation, and number of the practices had attended the education so it was expected that in year two these claims would increase.</p> <p>When comparing the three CCGs there were fewer anomalies found in the claims made by Surrey Downs practices. This is due to the reports being pulled by the CCG using EMIS search and reports. In G&amp;W and NWS the practices pull the reports themselves. The Primary Care Team are supporting this process and re-running the searches for practices.</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>TF reported that after the quarter four claims she would be undertaking a more detailed analysis of the data. HS noted that as part of the LCS review the outcomes of the LCS would be monitored and reviewed.</p> <p>In Quarter 4 there would be the opportunity for practices to correct any under or over claims from quarter two and three and as TF had stated the Primary Care Team were supporting this process. It was agreed by members that a communication should go out to practices that corrections could be made in Quarter 4.</p> <p><b>Action: CB to put a communication in Practice Focus reminding practices about the corrections to claims for the Diabetes LCS in Quarter 4.</b></p> <p>In April 2019 there were changes made to QOF and this recognised the need to not tightly control HbA1C and blood pressure for the moderately and severely frail population. No changes would be recommended to the LCS in year two because the LCS finances were modelled on a maximum of 60% of patients achieving three treatment targets, this takes into account the effect of non-achievement within the frailty cohort. The NDA team have also recommended waiting 12 months before any changes are implemented; this is the National Diabetes audit that doesn't completely align with QOF. As there is only one year left to run on the LCS it's going to be kept the way it is, this decision was clinically led for each CCG.</p> <p>CB explained that with regard to the pre-diabetes register the team had seen some claims that were slightly above average. To qualify for payments, the practices should ensure that patients had been screened with HbA1c or a fasting blood glucose test within the last 15 months; this is taken directly from the LCS service specification.</p> <p><b>Project Next Steps</b></p> <p><b>Surrey Heartlands</b></p> <ul style="list-style-type: none"> <li>• Analyse Q4 claims to evidence impact, benefit and risks</li> <li>• Identify areas to audit e.g. Pre-Diabetes Register in G&amp;W and NWS</li> </ul> <p><b>Guildford and Waverley</b></p> <ul style="list-style-type: none"> <li>• Support for practices in carrying out searches, embedding templates etc.</li> <li>• EMIS web link between primary and secondary care</li> <li>• EMIS Enterprise</li> </ul> <p> Diabetes LCS G&amp;W Mar 19.pptx</p>	CB	26 <sup>th</sup> April
8	<p><b>GP Contract/Long Term Plan</b></p> <p>HS presented the attached paper written by NM. HS noted that the presentation had been delivered at Practice Council and practices had</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>attended LMC roadshows where a lot of the information within the paper had been covered.</p> <p>HS reiterated that there is a tight timeline for getting applications for registering PCNs through and are awaiting technical guidance from NHSE. The technical guidance will also come with the DES specification. This can be circulated to PCNs with a signup sheet. As CCGs there is a reporting deadline to NHSE which will also allow conversations for any practices that are without a PCN. These conversations will include the LMC.</p> <p>Because there will be different timescales for delivery there was a need to be pragmatic as to how this is delivered. This is the largest contract change since 2004 and this will take time to digest.</p> <p>SE noted that in the commissioning tracker previously presented at PCOG all the components of the technical guidance would be broken down and detailed within. At each PCOG meeting this would give assurance to see where the CCG are with each step.</p> <div style="text-align: center;">  <p>G&amp;W Primary Care Update.pptx</p> </div>		
9	<p><b>Better Care Together Programme</b></p> <p>CF updated members that the project was developing. The governance structure is shaping up and there will be a clinical working group. The clinical working group is seeking a second GP as part of the membership but it's being considered as to whether this should be an independent candidate.</p> <p>There will be significant amounts of public and patient engagement within the programme, but being in purdah nothing will now happen until after the local elections on the 2<sup>nd</sup> May.</p> <p><b>Action: CFa to bring a paper on the Better Care Together Programme back to a future PCOG meeting.</b></p>	CFa	26 <sup>th</sup> April
10	<p><b>LCS Review</b></p> <p>SE noted that an LCS review paper would attend a future meeting. Some input into the review was required by finance that was in the process of year end.</p> <p>TA expressed her concerns that the conversations for the LCS review started in the summer of last year. There have been under spends in the LCS budgets that wouldn't have occurred had an LCS review been conducted earlier.</p> <p>CFa asked if a paper detailing the scope, process and timescale could come back in April. SE and HS committed to bring a paper back to PCOG in April with the consultation of CF.</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<b>Action: SE and HS to bring back to the next PCOG meeting on the LCS review.</b>		
<b>AOB</b>			
11	<b>AOB</b>  <b>Practice Manager Training</b> SD enquired about practice manager training as nothing had been heard since February. TA noted that a letter had gone out to practices with the details.		
12	<b>Recommendations to PCCC</b>  No formal recommendations were made to PCCC, but conversations under the following items should be noted. <ul style="list-style-type: none"> <li>• <b>Agenda item 7</b> – The budget for the SMI LCS review would be looked at by the finance team after reports that in other CCGs this is funded by the Mental Health commissioner.</li> <li>• <b>Agenda item 9</b> – The Better Care Together programme engagement events would commence after the local elections on the 2<sup>nd</sup> May.</li> <li>• <b>Agenda item 10</b> – The LCS review would come back to PCOG in April.</li> </ul>		
Meeting closed at 10:30am			
<b>Date of next meeting: 26<sup>th</sup> April</b>			

Reviewed by

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	29/3/19	5	Action: Improved access programme to be added to the agenda for PCOG in April.	26/4/2019	JB	<b>Update:</b> Coming as part of the Commissioning and Assurance Tracker	<b>Complete</b>
2	29/3/19	5	Action: KJ to contact Rachael McKay where the LCS was in its progress.	26/4/2019	KJ	<b>Update:</b> It was agreed that OS would supply a position statement from the medicines optimisation team on the position of this LCS.  Sent out via email on 29/04/2019	<b>Complete</b>
3	29/3/19	5	Action: SD to forward the copy of the Mental Health LCS that was developed in Surrey Heath to TA.	26/4/2019	SD	<b>Update:</b>	<b>Complete</b>
4	29/3/19	6	Action: CF to look into the SMI LCS and its funding through mental health budgets and if this could be transferred.	26/4/2019	CF	<b>Update:</b> MS to pick this up with CF.	<b>Open</b>
5	29/3/19	6	Action: Finance report to be amended to reflect that PCN's had not yet claimed the 30p funding.	26/4/2019	CF	<b>Update:</b>	<b>Complete</b>
6	29/3/19	7	Action: CB to put a communication in Practice Focus reminding practices about the corrections to claims for the Diabetes LCS in Quarter 4.	26/4/2019	CB	<b>Update:</b>	<b>Complete</b>
7	29/3/19	9	Action: CFa to bring a paper on the Better Together Programme back to a future PCOG meeting.	26/4/2019	CFa	<b>Update:</b> On the agenda	<b>Complete</b>

Reviewed by

8	29/3/19	10	Action: SE and HS to bring back to the next PCOG meeting timescales on the LCS review.	26/4/2019	SE/HS	Update: On the agenda	Complete
9	22/02/19	3	Action: GL/JB to take the expression of interest through the Locality Meeting.		GL/JB	Update: This will be on the 11 <sup>th</sup> April.	Open
10	22/02/19	7	ACTION: MS and TA to meet and view the LCS report in full before it is distributed.		MS/TA	Update:	Complete

## PRIMARY CARE OPERATIONAL GROUP NWS Part 1

### Approved MINUTES

<b>Date</b>	Friday 29 <sup>th</sup> March	<b>Time</b>	12:30-14.00
<b>Venue</b>	North West Surrey CCG, Room 1,58 Church Street, Weybridge, Surrey KT13 8DP		

#### Members/ Attendees:

	<i>Name</i>	<i>Title</i>
<b>Chair</b>	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
	David Clippingdale (DC)	Practice Manager Operations, Woking Locality
	Tracy Amatt (TA)	SS LMCS Medical Director
	Helen Snelling (HS)	Head of Primary Care Contracts, North West Surrey CCG
	Dr Paul Sodhi (PS)	GP Representative – SASSE Locality
	Dr Deborah Shiel (DS)	GP Representative – Woking Locality
	Cathie Sims (CS)	Practice Manager Operations, SASSE Locality
	Liz Reynolds (LR)	Practice Manager Operations, Woking Locality
	Paul Coppini (PC)	Primary Care Contracts Manager, Surrey Downs CCG
	Sam Botswoth (SB)	Healthwatch Surrey
	Steve McCarthy (SM)	NWS Patient Representative
<b>In Attendance</b>	Andy Law (AL)	Head of Finance Planning and Reporting
	Tracey Fossoluzza (TF)	Diabetes Program Manager
<b>Apologies Members</b>	Mandeep Singh (MS)	Primary Care Finance Manager
	Dr Asha Pillai (AP)	GP Representative – Thames Medical Locality
	Linda Honey (LH)	Associate Director of Medicines Management
	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care, North West Surrey CCG

	<i>Name</i>	<i>Title</i>
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Claire Fuller (CF)	Deputy Chief Finance Officer, North West Surrey CCG
	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
<b>Apologies Attendees</b>		

<b>Item No.</b>	<b>DISCUSSIONS AND NEW ACTIONS</b>	<b>BY WHOM</b>	<b>DEADLINE</b>
<b>1</b>	<b>Welcome, Introductions and Apologies</b> The Chair welcomed members and attendees; apologies were received as detailed above.		
<b>2</b>	<b>Declarations of Interest</b> <ul style="list-style-type: none"> <li>To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete</li> <li>To receive any declarations of interest pertinent to items on this agenda</li> </ul>		
<b>3</b>	<b>Quorum *</b> As the required quorum was met, the Chair declared the meeting open.		
<b>4</b>	<b>Minutes from last meeting on 22<sup>nd</sup> February 2019</b> The minutes from the last meeting were reviewed and agreed to be an accurate record of the meeting pending the following changes; <ul style="list-style-type: none"> <li>Item 10 pg. 4 - wording to be changed to a large DES (Direct Enhanced Service) rather than 'directory of services'</li> </ul>		
<b>5</b>	<b>Matters Arising from last meeting: Action Log</b> Please see appendix 1 for the Action Log.  The action log from the last meeting was reviewed and updated accordingly.		
<b>Agenda Items</b>			
<b>6</b>	<b>Finance Report Month 11</b> AL presented the attached finance report for month 11, the paper details the financial position for delegated co-commissioning allocations and other primary care budgets. <ul style="list-style-type: none"> <li>A key aspect of the report was around premises costs for NWS. True-ups had been received from NHSPS. MS is working through this information with NHSPS but there are significant differences that have been identified.</li> <li>The surplus that sits within the reserves has been committed against equipment purchases for practices. Practices are now starting to order this equipment; invoices are being received by the CCG and are being processed.</li> </ul>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<ul style="list-style-type: none"> <li>There has been little change in primary care budgets since month 10. The most significant changes are around the GPFV and the money that was expected for ETTF schemes. There has been confirmation that this money will not be received in 18/19 but work is being undertaken with NHSE to rescuer this money for 19/20.</li> </ul> <p>TA reported that she had been working with MS and Sally Gilchrist about identifying more visual spends on services line by line. This will detail variations and show line by line what the spend was on the previous year. TA noted that she would like to see the PMS release identified.</p> <p>TA raised concerns about the SMI health check LCS. It had been identified that in other areas was funded by mental health rather than funded out of the LCS budget.</p> <p>AL noted that the SMI LCS across the Surrey Heartlands is allocated to the LCS budget. It was understood that this decision was ratified at PCOG and signed off at PCCC.</p> <p>HS reported that an action had been taken at G&amp;W PCOG to have a conversation with CF about the LCS budgets that had come in and then bring this back through PCOG and PCCC.</p> <p><b>Action: CF to look into the SMI LCS and its funding through the LCS budgets and if this could be transferred to the mental health commissioner.</b></p>  <p>Finance report.pdf</p>	CF	26 <sup>th</sup> April
7	<p><b>Diabetes Update</b></p> <p>TF presented the attached slides to update members on the Surrey Heartlands Diabetes LCS as of Q3.</p> <p>The LCS was changed to have one primary care contract across the Surrey Heartlands so that all 3 CCG's were paying in the same way for the same LCS on an outcome based mechanism.</p> <p>The practices where previously paid for doing an annual review where it was recommended that 8 NICE Care tests where undertaken but in some cases only 4 care tests were completed. The new mechanism is paid by each test completed and a bonus payment for all eight.</p> <p>There two aspects paid for at Q4 that are not included in this report. The two bonus payments;</p> <ol style="list-style-type: none"> <li>Achieving the NICE recommended three treatment targets</li> <li>Achieving the eight NICE care processes</li> </ol> <p>TF noted that for the National Diabetes Audit there are new three treatment targets; however, it had been agreed that it would remain on the old treatment targets as these were already in place with higher achievements.</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>TA reported to the members after attending G&amp;W PCOG that she would conduct a full analysis of the data after receiving Q4 claims from practices.</p> <p>In April 2019 there were changes made to QOF and this recognised the need to not tightly control HPA 1 C and blood pressure for the moderately and severely frail population. No changes would be recommended to the LCS in year two because the LCS finances were modelled on a maximum of 60% of patients achieving three treatment targets, this takes into account the frailty drop. The NDA team have also recommended waiting 12 months before any changes are implemented; this is the National Diabetes audit that doesn't completely align with QOF. As there is only one year left to run on the LCS it's going to be kept the way it is, this decision was clinically led for each CCG.</p> <p>TF reported that claims had been estimated by taking the QOF Diabetic register for the practices from 17/18 and multiplied this figure by eight.</p> <p>TF had added all three quarters together and there were some practices that hadn't claimed for all the NICE care processes. These have been highlighted to the Primary Care Team who has supported practices with corrections in Q4.</p> <p>There are two aspects for payment of education:</p> <ul style="list-style-type: none"> <li>• Five hours of GP time</li> <li>• Five hours of Nurse time</li> </ul> <p>This can be any education that the practice would like to go on including attending shared care meetings along as it's around diabetes. There is two hours claimable for GP time to complete the diabetes audit. It's not specified that a GP undertake the audit a Nurse can complete the audit but the practice can claim the GP payment rate.</p> <p>In NWS there is currently not a Diabetic clinical lead, interviews for this will be taking place on the 18<sup>th</sup> April. There is a CCG specific project in development around community services pathways between Primary Care and the Acute.</p> <p>Members asked if there were plans to run the LCS after the end of next year. TF could not confirm at this time if the LCS would continue to run past the current agreement.</p> <div style="text-align: center;">  <p>Diabetes LCS NWS Mar 19.pptx</p> </div>		
8	<p><b>Medicines Optimisation QDS scheme 19/20</b></p> <p>In the absence of LH, AL attended to present the attached paper.</p> <p>At the last PCOG LH had presented the QDS scheme for 19/20. Members of PCOG asked for further work to be done on element 4 of the QDS scheme that linked to monetary performance, with reference to linking it with the Network DES that will be coming into place from 2021.</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>This details a gain share arrangement where practices underspend against their prescribing budget an element of this is shared back with PCN's and another element is shared back with the CCG. The existing scheme in place is based on a slightly different model of that scheme. Practices that under spend against their prescribing budget receive a payment capped to a maximum of 20p per patient.</p> <p>The ethos of the new Network DES sees a much larger payment based on the volume of savings that a practice generates. LH was asked to look at what this might mean and rework the element of the QDS scheme.</p> <p>Three different options were presented within the paper;</p> <ol style="list-style-type: none"> <li>1. <b><u>Gain share with a network level payment:</u></b> key points to note about this proposal <ol style="list-style-type: none"> <li>a. % payments for gain share: <ol style="list-style-type: none"> <li>i. 75% CCG level gain share: this reflects CCG input and costs (e.g. Optimise Rx, Medicines Optimisation Team)</li> <li>ii. <b>25% network level gain share</b></li> </ol> </li> </ol> </li> <li>2. <b><u>Existing scheme at a network level:</u></b> payment will be made as previous element 4 but at a network level and not a practice level.</li> <li>3. <b><u>Mix of a) and b) above:</u></b> this mixed option allows networks to receive some payment even if the CCG primary care prescribing budget over performs. Networks will get paid using either option a) or b) methodology receiving payment by whichever option works out to be greatest.</li> </ol> <p>These options could either be presented at a network level for next year which would bring it in line with NHSE requirements for the following year. These three options could also be applied at a practice level for next year also.</p> <p>NHSE had reported that they are looking at the incentive scheme within the Network DES. This is being compared to what other CCG's have in place for 19/20 to inform what the scheme looks like for 20/21.</p> <p>The report shows what the figures may look like if this year's data is used to predict at a PCN level and practice level.</p> <p>The paper had been circulated for feedback;</p> <ul style="list-style-type: none"> <li>• Darren Tymens from the LMC had preferred option 3, with the caveat that if a PCN over performing doesn't generate a payment the practices within the PCN that do underperform still receive a payment.</li> <li>• DC supported option 3</li> <li>• PS favoured staying with the current model for 19/20.</li> </ul> <p>DS raised concerns that unless there is a caveat for practices that are underperforming are protected within their PCN there is no incentive for the practice.</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>The CCG point of view is supported by the contract guidance is that what's designed doesn't create an unfunded risk for the CCG. The underfunded risk as a CCG is the limited to the prescribing savings spend is for the year. Option 3 was generated to support this.</p> <p>PS enquired as to why the CCG didn't wait until there is a standard model released in 12 months. The PCN's at this stage will be more established.</p> <p>There were discussions about how the risk share is balanced in Surrey Downs CCG. SE said that she would share what is currently modelled in Surrey Downs to the members for review with a medicines management summary. This item would then return to the PCOG agenda in April.  <b>Action; SE to share the QDS scheme for Surrey Downs with the members of PCOG.</b>  <b>Action: The QDS options scheme to return as part of the agenda to PCOG in April</b></p> <div style="text-align: center;">   QDS PCOG options  FINAL.docx </div>	           SE  JB	           26 <sup>th</sup> April  26 <sup>th</sup> April
9	<p><b>LCS Ear Micro-suction</b></p> <p>SE noted that she was down to present the LCS Ear Micro-suction paper but she had noticed that this was a restricted part 2 paper. This was due to the potential de-commissioning of services at the Acute.</p> <p>SE asked that members stayed for a closed session of PCOG where this could be discussed further. The minutes for this item would travel to PCCC part 2 due to the paper's restriction.</p>		
10	<p><b>GP Contract/Long Term Plan</b></p> <p>NM had developed a presentation around the GP contract/Long Term plan this had been presented at a wide range of CCG meetings.</p> <p>The technical guidance and Network DES is expected to be release today. Once received this would come out to practices from the CCG.  <b>Action: Technical Guidance and Network DES to be distributed by email to the practices from the Primary Care Team.</b></p> <p>It was understood that this new contract was an important change in GP contracting since 2004. As a system the CCG are working with Practices, PCN's the LMC and other stakeholders. The positive aspect of the contract puts different implementation to the contract across a number of years.</p> <p>The first part needs to address what the PCN's look like; this is the time for PCN's to be working through what their PCN's look like in terms of practices and Clinical Director role. The CCG are not there to manage this process. On the 15<sup>th</sup> May the PCN's must submit to the CCG what the PCN's will look like and who will sit within the Clinical Director role.</p>	           Primary Care Team	           26 <sup>th</sup> April

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>If there are any practices that are not within a PCN there will need to be a conversation to support this. The CCG will ensure that all patients across the Surrey Heartlands will have access to GP care via the GP contract.</p> <p>Contracts were receiving numerous questions about the Extended Hours DES and what changes would mean to practices. Practices were signing up for the Extended Hours Des in advance of the 1<sup>st</sup> July. HS highlighted that practices should wait for the technical guidance as there would be time to digest this to support the next steps.</p> <p>HS reported that the CCG would ensure practices were signed up to the DES by the 1<sup>st</sup> of July if the technical guidance mandated this requirement.</p> <p>The members enquired if the 70p that gone to PCN's could be brought down to practice level because it was designed for engagement.</p> <p>SE noted that the 70p for PCN's this year was for reporting and coming together as a network. The 30p that would be released in April is to support PCN development with the NAPC maturity matrix. Bringing the 70p to a practice level was up to the members of the PCN.</p>		
11	<p><b>LCS Review</b></p> <p>The CCG reported last Summer that there would be an LCS review to harmonise the LCS across the Surrey Heartlands and bring them all into line with each other.</p> <p>It was agreed at the G&amp;W PCOG that a paper would be brought back to a future PCOG. The LCS will be tasked to start this work as soon as possible.</p>		
<b>AOB</b>			
12	<p><b>AOB</b></p> <p>SE notified the members that there were Confidentiality agreements within the meeting papers, these need to be signed and return to JB before the end of the meeting. Procurement papers for the Interpreting and Translation Services that were commercially sensitive were incorrectly added to PCOG part 1 meeting when they should have been added to PCOG part 2.</p>		
13	<p><b>Recommendations to PCCC</b></p> <p>No formal recommendations were made to PCCC, but conversations under the following items should be noted.</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 6</b> – The budget for the SMI LCS review would be looked at by the finance team following reports that in other CCG's this is funded by the Mental Health commissioner.</li> <li>• <b>Agenda item 11</b> – The LCS review would come back to a future PCOG.</li> </ul>		
Meeting Closed at 1.45pm			
<b>Date of next meeting:</b>			
<b>Signed and agreed by:</b>			

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
<b>Date:</b>			

Appendix 1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	29/3/19	6	Action: CF to look into the SMI LCS and its funding through the LCS budgets and if this could be transferred to the mental health commissioner.	26 <sup>th</sup> April	CF	Update:	OPEN
2	29/3/19	8	Action; SE to share the QDS scheme for Surrey Downs with the members of PCOG.	26 <sup>th</sup> April	SE	Update:	Closed
3	29/3/19	8	Action: The QDS options scheme to return as part of the agenda to PCOG in April	26 <sup>th</sup> April	LH	Update:	Closed
4	29/3/19	9	Action: Technical Guidance and Network DES to be distributed by email to the practices from the Primary Care Team.	26 <sup>th</sup> April	NM/SE	Update:	Closed

## Guildford and Waverley Primary Care Operational Group Part 1

### Unconfirmed PCOG MINUTES

#### Part One

<b>Date</b>	26 <sup>th</sup> April 2019	<b>Time</b>	09:00 – 10.30
<b>Venue</b>	Guildford & Waverley CCG, Boardroom		

#### Members/ Attendees:

	<i>Name</i>	<i>Title</i>
<b>Chair</b>	Caroline Farrar (CFA)	Deputy Managing Director, G&W CCG
	Dr Susan Denton (SD)	GP Representative – Guildford Locality
	Rose Parry (RP)	Patient Representative
	Helen Snelling (HS)	Head of Primary Care Contracts, Surrey Heartlands CCGs
	Olivia Shaw (OS)	Lead Medicines Optimisation Pharmacy Technician
	Vanessa Doshi	Senior Contracts Manager, NHSE
	Suzanne Case-Green (SCG)	Primary Care Contracts Manager, Surrey Heartlands CCGs
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Dr Jonathan Inglesfield (JI)	GP Representative – Waverley Locality
	Mandeep Singh (MS)	Primary Care Finance Manager
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
<b>In Attendance</b>	Georgia Laws (GL)	Project Support, Primary Care Team
	Jess Bungay	PA & Admin Support AD of Primary Care
	Dan Shelton-Smith	Project Manager, Online Consultations
<b>Apologies Members</b>	Tracey Amatt (TA)	Surrey and Sussex LMCs
	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care
	Anna Larkham (AL)	Lead Community Nutritional Management Specialist

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	Name	Title
	Claire Fuller (CF)	Deputy Chief Finance Officer, Surrey Heartlands CCGs
	Robin Forward (RF)	Practice Manager, Guildford Locality
<b>Apologies Attendees</b>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed members and attendees; apologies were received as detailed above.</p>		
2	<p><b>Declarations of Interest</b></p> <ul style="list-style-type: none"> <li>To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete</li> <li>To receive any declarations of interest pertinent to items on this agenda</li> </ul>		
3	<p><b>Quorum *</b></p> <ul style="list-style-type: none"> <li>Quorum was confirmed as 5 voting members, to include the Chair or Vice Chair, a GP member, one practice manager, the finance director or deputy and one other voting member</li> </ul> <p>The Chair established that due to no Practice Manager attendance the group were not quorate. It was agreed the meeting would continue and that any items that required a formal recommendation were circulated to the members for a recommendation.</p> <p>The members had received two expressions of interest for Practice Manager representation on the meetings membership. An electronic vote would be sent to the members to approve these appointments.  <b>Action: JB to send out an electronic vote to the G&amp;W locality for Practice Manager representation on the PCOG – part 1 membership.</b></p>	JB	31 <sup>st</sup> May 2019
4	<p><b>Minutes from last meeting on 29<sup>th</sup> March 2019</b></p> <p>The minutes from the meeting on the 29<sup>th</sup> March were agreed and signed off as an accurate record of the meeting.</p>		
5	<p><b>Matters Arising from last meeting: Action Log</b></p> <p>The action log was reviewed and amended.</p> <p>NM reported that at the last PCCC the fed through from the PCOG minutes up to PCCC missed an item from the recommendations.</p> <p>To address this a meeting occurred with Jackie Burke to ask how PCCC would like information to be presented as it flow through PCOG. As the</p>		

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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	meeting is recorded through the minutes the Chair would be very clear with the minute taker of the recommendations made to PCCC.		
6	<p><b>Finance reports month 12</b></p> <p>MS presented the attached report to update the financial position at the end of month 12 for the delegated co-commissioning allocations.</p> <p>At year end the Guildford and Waverley delegated budget reported a £75,000 underspend. This is large part was due to the inclusion of GP Pay award uplifted that was not funded by NHSE and backdated to April 2018.</p> <p>The reported underspend within the enhanced services budget was due to the release of an accrual for practices that no longer offered the extended hours service.</p> <p>There was a reported overspend of £184,000 at month 12 for reimbursable premises costs. This was due to rent reviews, rates adjustments and the impact of the NHSPS 'True Up' charges for 17/18. The CCG continues to work with NHSPS and practices to reconcile the 16/17 and 17/18 non-reimbursable costs.</p> <p>A reported overspend of £172,000 for PCO administered costs was driven by the locum reimbursement rate and additional GP's being taken on with GP retainer schemes within the Guildford and Waverley.</p> <p>The overall release at £75,000 if taken away the mandated contingency set aside of £133,000, this releases just over half of the reported figure. The reserve as previously reported is set to be spent as expected.</p> <p>Jl raised concerns over the underspend of the budgeted contingency and what happens to this funding. MS reported that the contingency is mandated by NHSE as part of the delegated co-commissioning budget and can't be re-invested within Primary Care for the following years budgeting. Provisions had been made within other lines of investment within the budget such as premises that would be carried over.</p> <p>Jl suggested that a GP looking at the budget its current presentation would see the £75K underspend as money that should have been spent on Primary Care. It was agreed that the report could be amended to reflect the contingency rule more clearly.</p> <p><b>Action: MS to incorporate the contingency rule within the finance report for month 12 for its presentation to PCCC.</b></p> <p>CFa asked what future budgeting arrangements following the decision to lift LCS caps and the commissioning of two new LCSs. When taking in to consideration a full years impact of this were does it leave the estimate of the next year.</p> <p>NM noted that the new contract and DES has shifted the primary care budgets considerably. The finance team are in the process of picking through the impact of the new contract to future budgeting for Primary Care.</p>	MS	31 <sup>st</sup> May 2019

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>It was noted that the finance report usually includes the GPFV in its presentation to PCCC and should be reported alongside the core contract.</p> <p><b>Action: MS to amend the Month 12 report to reflect the GPFV reporting line before its presentation to PCCC.</b></p> <p>Allocations for 19/20 are now known and following year end, the finance team are now in planning mode and working out what the allocations will look like line by line.</p> <p>NM noted that if there was extra money identified within the budgeting allocations for 19/20 there should be some thought to how support could be offered to Primary Care in the first release of year two in the PCN contract of the service specifications. These centred around Care Homes and Prescribing.</p> <div style="text-align: center;">  <p>Finance report.pdf</p> </div>	MS	31 <sup>st</sup> May 2019
7	<p><b>Better Together Program</b></p> <p>CFa gave an update on the Better Together Program for the meeting.</p> <ul style="list-style-type: none"> <li>• Each of the program work streams have been defined.</li> <li>• There is a clinical working group that is being developed. The group is currently seeking an independent GP to be part of the membership. There is another local GP also required on the Clinical working group.</li> <li>• The team are pulling together the case for change in preparation for the stake holder reference group.</li> <li>• The first stake holder reference group is meeting on the 23<sup>rd</sup> May. A key activity for the meeting will be to go through the case for change.</li> <li>• CFa will bring back the case for change to PCOG in May.</li> </ul> <p><b>Action: CFa to bring back the Better Together Program case for change back to PCOG in May.</b></p>	CFa	31 <sup>st</sup> May 2019
8	<p><b>Care Navigation Training</b></p> <p>NM apologised to the members that there wasn't a paper presented to the group.</p> <p>NM noted that the Primary Care Team had been working very hard to support practices over the last month with the drop down of the new contract and Network DES. NM reported that the structure of the Primary Care team had changed and there would be three Heads of Primary Care to sit with the ICP/CCG areas. This would provide a stable presence within each organisation.</p> <p>NHSE wrote to the CCG's recently to say that they would like to use a different methodology in the way that they push funding down through the ICS. Currently the GPFV money goes into each of the local systems.</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>This money will now be released to an ICS and this will be for 4 program areas;</p> <ol style="list-style-type: none"> <li>1. Practice resilience funding</li> <li>2. Retention programme</li> <li>3. Reception and clerical training</li> <li>4. Online consulting</li> </ol> <p>In order to facilitate and implement the new way that NHSE push this funding down MT has had to sign an MoU. All of the money will sit at NWS CCG, this is due to the finance team at NWS dealing with all the delegated budgets for Surrey Heartlands.</p> <p>A presentation was delivered at then last Practice Council that articulated the money that had been received through GPFV and what this had been spent on.</p> <p>SE presented an attached paper on the Care Navigation funding. Through GPFV funding money had been made available to CCG's to support practices in training reception and clerical staff for active signposting. This would enable practices to provide backfill for staff to undertake this training.</p> <p>Through training of reception staff, patients would be provided with a first point of contact to direct them to the most appropriate source. In addition to the training the CCG have secured an IT format that integrates with EMIS and System One. This uploads information as to the services available across the Surrey Heartlands.</p> <p>The new GP contract gives PCN's access to a social prescriber. Following conversations with practices it was recommended that the money made available for Care Navigation Training is devolved based on population to PCN's.</p> <p>The CCG can't confirm the distribution of the money until each PCN have confirmed to the CCG their registered population as part of the network DES.</p> <p>The CCG have to report to back to NHSE on the use of this funding so an MoU will go to PCN's if agreed by PCCC. There will be some reporting required by PCN's to the CCG.</p> <p>The recommendation to PCCC is to approve devolved funding of the Care Navigation money to PCN's. This was agreed by the members of the meeting.</p> <div style="text-align: center;">               Care Navigation.docx         </div>		
9.1	<p><b>Commissioning and Development Assurance Tracker</b></p> <p>GL gave an update on the commissioning and development assurance tracker, now renamed the Primary Care Programme of Works. It was noted that the tracker has now been updated and the projects of work</p>		

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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
9.2	<p>have been mapped with the NHS Long Term Plan and the GP Contract, resulting in new schemes and milestones.</p> <p>The assurance report has now been updated and will feature the following structure:</p> <p>Part 1: PCOG Recommendations</p> <ul style="list-style-type: none"> <li>- Part 1 will give an executive summary, and reflect all of the recommendations made at each of the Surrey Heartlands PCOGs.</li> </ul> <p>Part 2: Programme Delivery</p> <ul style="list-style-type: none"> <li>- Part 2a: Provide a snapshot of the new opportunities and developing schemes within the programme of works.</li> <li>- Part 2b: Update on open project risks and issues, achievement or slippage of key milestones, and highlight any areas that require support within a project.</li> <li>- Part 2c: An overview on whether the schemes are delivering the expected benefits and will reference a new Programme Outcomes Dashboard which is under development.</li> </ul> <p>Part 3: Primary Care Performance</p> <ul style="list-style-type: none"> <li>- Will reference a new Primary Care Performance Dashboard which will show whether we are on track against the plan and trajectories that are submitted to NHS England as part of the monthly Planning returns.</li> </ul> <p>Part 4: Managing Demand and Unwarranted Variation</p> <ul style="list-style-type: none"> <li>- Summarise the findings from statistical analysis and benchmarking of Surrey Heartlands referrals, A&amp;E attendances, NEL admissions activity, identifying areas for quality improvement and outlining the work underway by the CCG to proactively support practices and reduce variation.</li> </ul> <p>Part 5: Population Health management</p> <ul style="list-style-type: none"> <li>- This section requires further consideration as to the content but will likely provide assurance on the work underway to manage the health of the Surrey Heartlands population.</li> </ul> <p>GL noted that a draft paper will be going to PCCC and will be shared electronically with the group.  <b>Action GL to share the draft Primary Care Programme of work assurance report with the members of PCOG after its presentation at PCCC on the 10<sup>th</sup> May</b></p> <p><b>Improved Extended Access</b></p> <p>SE presented the attached paper. The paper looked at the data gathered from the 5 Improved Access providers across the Surrey Heartlands.</p> <p>There are seven core aspects of the contract with providers and what is expected of them;</p> <ol style="list-style-type: none"> <li>1. Timing of appointments</li> </ol>	GL	31 <sup>st</sup> May 2019

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>2. Capacity 3. Measurement 4. Advertising 5. Ease of access 6. Digital 7. Effective access to wider whole-system services</p> <p>The CCG has conducted an open mystery shopper by contacting all of the practices across the Surrey Heartlands and asking them about the Improved access provisions to gauge an understanding of how this is being offered to patients. There has been a varied response from practice receptionists. This has been feedback to respective federations but there is further work required to reiterate to practices about the promotion of this service.</p> <p>It was agreed that this would be re-addressed at GP locality meetings and the members of PCOG would support these conversations with their GP colleagues.</p> <p>Fairlands and Binscombe were just two original hubs for the improved access provision within Guildford and Waverley, but there are now clinics offered at Merrow, Villages and Haslemere. This will improve the access for patients that have not been utilising the service due the transport difficulties in getting to Fairlands and Binscombe.</p> <p>There is a lower update of improved access appointments in Guildford and Waverley compare to the other Federations across the Heartlands. This could be as a result of originally just having Fairlands and Binscombe providing clinics. There isn't yet enough data to offer a comparison since other practices have started offering clinics. The compassion of this data will be brought back to a future meeting.</p> <p>The members wanted to understand the utilisation over the Christmas period.</p> <p>It was noted that from the August to April activity the practices most utilising the services were;</p> <ul style="list-style-type: none"> <li>• Fairlands – 1945 appointments used by registered patients</li> <li>• Binscombe – 1347 appointments used by registered patients</li> <li>• Woodbridge Hill – 1258 appointments used by registered patients</li> <li>• The Mill Practice - 430 appointments used by registered patients</li> <li>• Guildowns – 419 appointments used by registered patients</li> </ul> <p>It was noted that there should be a centralised number for patients to book into the improved access and this would be feedback via contracting meeting with the federations. These appointments could also be subcontracted through Care UK in order to support this provision.</p> <p>NM noted that the paper should consider what is the expected delivery for their contract for a year and to have this joined up to the A&amp;E figures to determine if this is having an impact on the wider system.</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	 <p>Extended Access reporting.pdf</p>		
10	<p><b>Online Consultations</b></p> <p>Dan Shelton Smith Project Manager for Online Consultations attended to update on the status of the Online Consultations pilot.</p> <p>The original purpose for attending the meeting was to ask for approval on a procurement options paper. Due to changes with the PCN's and the procurement hub attendance to the meeting has had to be changed to a verbal update on the status of the pilot.</p> <p>Originally the project was looking to go into procurement over the next few months. A number of sites across the Heartlands have been piloting products.</p> <p>Over the last month the NHS procurement framework that manages the suppliers has been reworking its requirements to bring it into line with the Long Term Plan. The requirements have not yet been signed off and this has been paused due to the forming of NHSX. The procurement hub is waiting to see what NHSX will want from the requirements.</p> <p>The advice to CCG's have been to continue with their procurement but to issue break clauses to the online procurement suppliers in case their products aren't developed in line with the new requirements. DSS noted that this was risky, the CCG would not want to roll out a product and 18 months down the line change provider.</p> <p>There are questions around the NHS app and the impact this may have. The app will be soft launched from the 18<sup>th</sup> May and practices will begin signing up to this. Online consulting providers are required to integrate with the NHS app but as it stands NHS digital are only taking two suppliers through the integration at this stage.</p> <p>East Surrey are coming back into the procurement and the team are looking at ways to integrate them back into the project.</p> <p>Based on conversations with the CCG's the team are looking to align the online consulting to the PCN level. The procurement could ahead and shortlist suppliers that could be presented to PCN's to fit to the local population. The benefits mean this could compliment extended access provision through federations.</p> <p>Jl noted that practices would probably not object to the procurement being halted if they could continue with the providers they are currently using in the meantime.</p> <p>DSS noted that deployment of an online consulting products would commence in October to support the requirements within the new GP Contract.</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>In order to get sign of the requirement documentation DSS asked if this documentation could be sent out virtually to the group in order to reach sign off. This was agreed by the group.</p> <p><b>Action: DSS to send out the requirement documentation to PCOG members to receive virtual sign off from the group for onward travel to PCCC.</b></p>	DSS	31st May 2019
11	<p><b>Primary Care Risk Register</b></p> <p>As per PCCC (March 2019) directive, the Primary Care Risk Register was presented and reviewed at PCOG prior to PCCC submission.</p> <p>It was suggested and agreed to at this PCOG meeting that all new risks would be tabled and discussed by PCOG members (for content accuracy and appropriateness) prior to adding to the Risk Register.</p> <p>It was also suggested that the executive summary is included in the PCOG Risk papers (as it is in the PCCC papers).</p> <p><b>Action: An executive summary to be included to the Risk register for future presentation to PCOG.</b></p> <p><b>Action: Risk 266 needed to be reviewed by the owner for closure</b></p> <p>SD noted that risk highlighting the lack of student nurses within GP practices was due to practices no being paid. Guildowns noted that they had not been paid since 2016.</p> <p><b>Action NM to liaise with Lucy Moreton, Primary Care Workforce Tutor for Surrey Heartlands as to why Guildowns had not received payment.</b></p>	<p>GLP</p> <p>NM</p> <p>NM</p>	<p>31st May 2019</p> <p>31st May 2019</p> <p>31st May 2019</p>
12	<p><b>Primary Care Issues Log</b></p> <p>As per PCCC (March 2019) directive, the Primary Care Issues Log was presented and reviewed at PCOG prior to PCCC submission.</p> <p>It was suggested and agreed to at this PCOG meeting that all new issues would be tabled and discussed by PCOG members (for content accuracy and appropriateness) prior to adding to the Issues Log.</p> <p>It was also suggested that the executive summary is included in the PCOG Issues papers (as it is in the PCCC papers).</p> <p><b>Action: An executive summary to be included to the Issues log for future presentation to PCOG.</b></p>	GLP	31st may 2019
13	<p><b>LCS Timescales review</b></p> <p>HS noted that at the last PCOG it had been agreed that HS and SE would go away and look at the timescales for the Surrey Heartlands LCS review.</p> <p>There has been an issue into the way the 3 CCG's have commissioned their LCSs. There are AQP contracts in post which are similar to other LCSs within other CCG's. This has delayed the review being conducted. There are LCSs that would be looked at to align across the heartlands</p>		

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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>quickly. SE and HS would review these and circulate to the PCOG members for thoughts and comments.  <b>Action: SE/HS to circulate to PCOG members LCSs that could be aligned across the Surrey Heartlands.</b></p>	SE/HS	31st may 2019
<b>AOB</b>			
14	<b>AOB</b>		
14.1	<p><b>Imperial Docman letters</b></p> <p>Imperial College Hospital see patients across the Surrey Heartlands. An IT glitch was identified similar to the Docman CAS alert. Letters have come done from the hospital to the practices but sat within an inactive hub and didn't make it to the practices.</p> <p>It was noted that this had been happening for a few years before it was identified by the hospital. Patients had been treated at the hospital and the practices had never heard about the outcomes for their patients. This was through no fault of the practice.</p> <p>The Primary Care team have been working with Imperial College colleagues to rectify the issue for practices so that the practices receive the documents that they should have. This does mean that the emphasis is on the practice to check if there have been any significant events that have happened to their patients.</p> <p>Following the national Docman CAS alert the CCG had been instructed to pay practices for the work that they had to undertake as a result. The Imperial College hospital is at fault for this issue, CS had spoken with London wide LMC and the CCG will lobby back to the hospital to recompense practices for the work they will need to undertake.</p> <p>Jl noted that the documentation he had viewed suggested that Imperial would be undertaking the risk assessments for practices. Michelle Harcus with the Primary Care Team has written to practices with guidance on how to deal with the letters coming down to practices.  <b>Action: NM to address with Michelle Harcus if Imperial College Hospital with be undertaking the risk assessments for practices following the IT glitch identified.</b></p> <p>It was recognised that Surrey Heartlands CCG's where some of the only CCG's that had adopted the methodology taken to PCCC to recompense practices for the Docman CAS alert.</p>	NM	31st May 2019
14.2	<p><b>PCN's</b></p> <p>Practices have been given some time to come into a collection of PCNs and by the 15<sup>th</sup> May need to confirm their PCN's to the CCG. The CCG's hope PCN's will report early due to the tight turnaround time placed upon CCG's to support this process.</p> <p>NM asked that if colleagues knew they were in a PCN to confirm this to the Primary Care Contracting as quickly as possible.</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
15	<p><b>Recommendations to PCCC</b></p> <p>The following recommendations and notifications were made to PCCC.</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 6 – To Note</b> The month 12 report is slightly shorter to highlight the delegated co-commissioning position, whilst the finance team have been processing year-end accounts for the Surrey heartlands CCG's</li> <li>• <b>Agenda item 7 – To Note</b> The case for change document for the Better Together Program will be brought back to PCOG in May</li> <li>• <b>Agenda item 8 – To approve</b> To devolution of Care navigation funding to PCN level.</li> <li>• <b>Agenda item 9.1 – To Note</b> The new structure of the Primary Care Programme of Work assurance report.</li> <li>• <b>Agenda item 9.2 – To Note</b> To be amended to include utilisation period for the whole service and over the Christmas period. The weighted population sizes to be added into the report and the impact on A&amp;E attendances to be considered within the final draft of the report.</li> <li>• <b>Agenda item 10 – To Note</b> Procurement of the Online consulting products had been halted until the NHS procurement framework had reworked its requirements in line with the long term plan. Virtual sign off of the procurements requirement documentation would be reached virtually through PCOG for onward travel to PCCC.</li> <li>• <b>Agenda item 11 – To Note</b> An executive summary would be included in the risk log for its future presentations to PCOG.</li> <li>• <b>Agenda item 12 – To Note</b> An executive summary would be included in the risk log for its future presentations to PCOG.</li> <li>• <b>Agenda item 13 – To Note</b> As part of the LCS review Primary Care Commissioning and Contracting would circulate to PCOG members LCSs that could be aligned quickly across the Surrey Heartlands for comments and review.</li> <li>• <b>Agenda item 14.1 – To Note</b> The Primary Care team are working with Imperial College Hospital to identify patients that practices will need to carry out risk assessments on following their IT glitch through DOCMAN.</li> </ul>		
Meeting closed at 10:30am			
<b>Date of next meeting: 31st May</b>			

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No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	26/4/19	3	Action: JB to send out an electronic vote to the G&W locality for Practice Manager representation on the PCOG – part 1 membership.	31 <sup>st</sup> May 2019	JB	<b>Update:</b> An email sent out to the locality on the 26 <sup>th</sup> April 2019.	<b>Complete</b>
2	26/4/19	6	Action: MS to incorporate the contingency rule within the finance report for month 12 for its presentation to PCCC.	31 <sup>st</sup> May 2019	MS	Update:	<b>Open</b>
3	26/4/19	6	Action: MS to amend the Month 12 report to reflect the GPFV reporting line before its presentation to PCCC.	31 <sup>st</sup> May 2019	MS	Update:	<b>Open</b>
4	26/4/19	7	Action: CFa to bring back the Better Together Program case for change back to PCOG in May.	31 <sup>st</sup> May 2019	CFa	Update:	<b>Open</b>
5	26/4/19	9.1	Action GL to share the draft Primary Care Programme of work assurance report with the members of PCOG after its presentation at PCCC on the 10 <sup>th</sup> May	31 <sup>st</sup> May 2019	GL	Update:	<b>Open</b>
6	26/4/19	10	Action: DSS to send out the requirement documentation to PCOG members to receive virtual sign off from the group for onward travel to PCCC.	31 <sup>st</sup> May 2019	DSS	Update:	<b>Open</b>

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7	26/4/19	11	Action: An executive summary to be included to the Risk register for future presentation to PCOG.	31 <sup>st</sup> May 2019	GLP	Update:	North West Surrey	Open
8	26/4/19	11	Action NM to liaise with Lucy Moreton, Primary Care Workforce Tutor for Surrey Heartlands as to why Guildowns had not received payment.	31 <sup>st</sup> May 2019	NM	Update:		Open
9	26/4/19	12	Action: An executive summary to be included to the Issues log for future presentation to PCOG.	31 <sup>st</sup> May 2019	GLP	Update:		Open
10	26/4/19	13	Action: SE/HS to circulate to PCOG members LCSs that could be aligned across the Surrey Heartlands.	31 <sup>st</sup> May 2019	SE/HS	Update:		Open
11	26/4/19	14.1	Action: NM to address with Michelle Harcus if Imperial College Hospital with be undertaking the risk assessments for practices following the IT glitch identified.	31 <sup>st</sup> May 2019	NM	Update: Guidance has been sent out to practices explaining the risk assessment process for patients identified. Practices will need to carry out this process.		Complete
12	29/3/19	5	Action: CF to look into the SMI LCS and its funding through mental health budgets and if this could be transferred.	31 <sup>st</sup> May 2019	CF	<b>Update:</b> CF updated at NWS that the funding decisions for the year have been closed as a set of the accounts. As part of the review for 20/21 the funding for this LCS would be reviewed.		Complete
13	29/3/19	5	Action: KJ to contact Rachael McKay where the LCS was in its progress.	31 <sup>st</sup> May 2019	OS	<b>Update:</b> It was agreed that OS would supply a position statement from the medicines optimisation team on the position of this LCS.  Sent out via email on 29/04/2019		Complete

Reviewed by



## PRIMARY CARE OPERATIONAL GROUP Surrey Downs

### Unconfirmed PCOG MINUTES

#### Part One

<b>Date</b>	26/04/2019	<b>Time</b>	13.00-15.00
<b>Venue</b>	Surrey Downs CCG, Cedar Court, 36 Guildford Rd, Fetcham, Leatherhead KT22 9AE		

#### Members/ Attendees:

	<i>Name</i>	<i>Title</i>
<b>Chair</b>	Shelley Eugene (SE)	Head of Primary Care Commissioning and Development
<b>Members</b>	Charlotte Clark (CC)	Primary Care Manager
	Dr Jill Evans (JE)	East Elmbridge Locality Chair
	Dr Nicola Kirby (NK)	Epsom Locality Chair
	Dr Robin Gupta (RG)	Dorking Locality Chair
	Nanette Nobes (NN)	Practice Manager Representative, Dorking Locality
	Tania Omany (TO)	Practice Manager Representative, Epsom Locality
	Joseph Todd (JT)	Practice Manager Representative, East Elmbridge Locality
<b>In Attendance</b>	Dan Shelton-Smith (DSS)	Project Manager, Online Consultations
<b>Apologies Members</b>	Nikki Mallinder	Associate Director of Primary Care Commissioning and Development, Surrey Heartlands CCGs
	Paul Coppini	Primary Care Contracts Manager
	Claire Fuller (CF)	Deputy Chief Finance Officer
	Carole Melody (CM)	Head of Finance
	Lorna Hart (LH)	Deputy Managing Director of Surrey Downs CCG
	Dr Natalie Moore	Clinical Director of Planned Care
<b>Apologies Attendees</b>	Jess Bungay	Primary Care Team

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed members; apologies were received as detailed above.</p>		
2	<p><b>Declarations of Interest</b></p> <ul style="list-style-type: none"> <li>• To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete.</li> <li>• To receive any declarations of interest pertinent to items on this agenda.</li> </ul>		
3	<p><b>Quorum *</b></p> <p>SE explained that due to a clash of meetings leading to an absence of finance and the LMC the meeting would not be quorate. It was agreed that recommendations would go to PCCC on this basis.</p>		
4	<p><b>Minutes from last meeting on 22 March 2019</b></p> <p>It was highlighted that same initial had been given to two people. It was agreed the minutes from the previous meeting could be agreed as an accurate record following amendments detailed.</p>		
5	<p><b>Matters Arising from last meeting: Action Log</b></p> <p>The action long was agreed and updated. See appendix 1.</p>		
6	<p><b>Care Navigation training</b></p> <p>SE provided a background to the previous method of how GPFV money has come through separately to the 3 CCGs in Surrey Heartlands and that recently there has been various discussions about the new GP contract and working through the detail of it. SE explained NHS England have detailed through correspondence that they would like this money to now come through the ICS.</p> <p>This money will include for 4 program areas;</p> <ol style="list-style-type: none"> <li>1. Practice resilience funding</li> <li>2. Retention programme</li> <li>3. Reception and clerical training</li> <li>4. Online consultation</li> </ol> <p>SE explained that discussions and work around Care Navigation have been going on for some time and for various reasons this has not been taken forward. With the new contract and social prescribing come down to PCNs it has been raised for the money for Care Navigation, for training for practice staff to be sent down to PCNs.</p> <p>SE explained that the paper provided details this recommendation to Primary Care Commissioning Committee based on feedback that has</p>		

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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>been received by the membership.</p> <p>Assurance still needs by NHS England which will require information from the PCNs on the number of staff being trained, the types of training and assurance that this has been done by an accredited trainer.</p> <div data-bbox="300 421 368 488" style="text-align: center;">  </div> <p style="text-align: center;">Care Navigation.docx</p> <p>The recommendation to PCCC is to approve devolved funding of the Care Navigation money to PCN's. This was agreed by the members of the meeting.</p>		
7	<p><b>Commissioning and Development Assurance Tracker</b></p> <p>SE explained that the previous commissioning and development assurance tracker had been updated and has been renamed the Primary Care Programme of Work (PoW). SE explained that it contains the following:</p> <p>Part 1: PCOG Recommendations</p> <ul style="list-style-type: none"> <li>- Part 1 will give an executive summary, and reflect all of the recommendations made at each of the Surrey Heartlands PCOGs.</li> </ul> <p>Part 2: Programme Delivery</p> <ul style="list-style-type: none"> <li>- Part 2a: Provide a snapshot of the new opportunities and developing schemes within the programme of works.</li> <li>- Part 2b: Update on open project risks and issues, achievement or slippage of key milestones, and highlight any areas that require support within a project.</li> <li>- Part 2c: An overview on whether the schemes are delivering the expected benefits and will reference a new Programme Outcomes Dashboard which is under development.</li> </ul> <p>Part 3: Primary Care Performance</p> <ul style="list-style-type: none"> <li>- Will reference a new Primary Care Performance Dashboard which will show whether we are on track against the plan and trajectories that are submitted to NHS England as part of the monthly Planning returns.</li> </ul> <p>Part 4: Managing Demand and Unwarranted Variation</p> <ul style="list-style-type: none"> <li>- Summarise the findings from statistical analysis and benchmarking of Surrey Heartlands referrals, A&amp;E attendances, NEL admissions activity, identifying areas for quality improvement and outlining the work underway by the CCG to proactively support practices and reduce variation.</li> </ul> <p>Part 5: Population Health management</p> <ul style="list-style-type: none"> <li>- This section requires further consideration as to the content but will likely provide assurance on the work underway to manage the health of the Surrey Heartlands population.</li> </ul>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p><b>Extended Access Reporting</b></p> <p>SE presented the extended access paper, focusing on the data from each locality. SE explained that the action from Guildford and Waverley PCOG in the morning was to provide in the report the expected delivery numbers rather than the offered appointments.</p> <p>The CCG has conducted an open mystery shopper by contacting all of the practices across the Surrey Heartlands and asking them about the improved access provisions to gauge an understanding of how this is being offered to patients. There has been a varied response from practice receptionists. NN requested that feedback be given to practices individually on the response, good or bad.</p> <p>A discussion took place on the implementation of a phone line in East Elmbridge and the reduction that had been seen in DNA's. However it was felt that the report demonstrated that 100% achievement was not possible.</p> <p><b>ACTION: It was requested for the reporting to include KPIs and to be provided per 1000 population.</b></p> <p> Extended Access reporting.pdf</p>	WN	
8	<p><b>Online Consultations</b></p> <p>DSS explained that due to changes with the PCN's and the procurement, the attendance to the meeting has had to be changed to a verbal update on the status of the pilot.</p> <p>Originally the project was due to go into procurement over the next few months. A number of sites across Heartlands have been piloting products, with some still to go live.</p> <p>Over the last month the NHS procurement framework that manages the suppliers has been reworking its requirements to bring it in line with the Long Term Plan. The requirements have not yet been signed off and this has been paused due to the forming of NHSX. The procurement hub is waiting to see the details of this.</p> <p>The advice to CCG's has been to continue with their procurement but to issue break clauses to the online procurement suppliers in case their products aren't developed in line with the new requirements. DSS noted that this was risky; the CCG would not want to roll out a product and 18 months down the line change provider.</p> <p>DSS also explained that East Surrey was a factor to be considered as they have already started the process with Central Sussex Alliance.</p> <p>Based on conversations with the CCG's the team are looking to align the online consulting to PCN level. The procurement could go ahead and shortlist suppliers that could be presented to PCN's to fit to the local</p>		

Reviewed by

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>population. A discussion took place around this option and it was felt that it would be important for this to go on the locality meeting agendas when the requirements are available.</p> <p><b>Action: DSS to send out the requirement documentation to PCOG members to receive virtual sign off from the group for onward travel to PCCC.</b></p>		
9 & 10	<p><b>Primary Care Risk Register &amp; Issues Log</b></p> <p>SE presented the Risk Register and Issues Log which forms part of the Primary Care Programme of Work (PoW) and requested feedback on the layout of this information.</p> <p>SE noted that it had been highlighted at G&amp;W PCOG in the morning that some practices were having issues receiving payment for student nurses. NN fed back that the process was complicated and unnecessarily time consuming for practices.</p>		
10	<p><b>LCS Timescales review</b></p> <p>SE explained that the DOACS meeting had taken place and a review of the specification will follow. A working group for both DOACs and INR is being set up. It was requested that an update is sent to the localities.</p> <p>SE stated that an LCS review across Surrey Heartlands is taking place but the holdup is Surrey Downs as there are a number of contracts in place with practices and federations on services which are also LCS services. Examples include microsuction and ECGs.</p> <p>SE explained that they would be able to standardise some areas but will require finance support which has not been possible due to year end.</p> <p>RG stated other areas that they would like looking into include COPD, Asthma and heart failure.</p> <p>A discussion took place around prostate and SE explained that Dr Alex Norman would be attending the next PCOG meeting.</p>		
<b>AOB</b>			
11	<p><b>AOB</b></p> <p>Imperial College Hospital see patients across the Surrey Heartlands. An IT glitch was identified similar to the DOCMAN CAS alert. Letters have come down from the hospital to the practices but sat within an inactive hub and didn't make it to the practices.</p> <p>It was noted that this had been happening for a few years before it was identified by the hospital. Patients had been treated at the hospital and the practices had never heard about the outcomes for their patients. This was through no fault of the practice.</p> <p>The Primary Care team have been working with Imperial College colleagues to rectify the issue for practices so that the practices receive the documents that they should have. This does mean that the emphasis</p>		

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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>is on the practice to check if there have been any significant events that have happened to their patients.</p> <p>Primary Care Networks – SE requested that if PCN leads could send through PCN DES submissions as soon as possible.</p>		
12	<p><b>Recommendations to PCCC</b></p> <ul style="list-style-type: none"> <li>• Agenda item 6 – To approve Devolution of Care navigation funding to PCN level</li> <li>• Agenda item 7 – To note</li> </ul>		
<b>Date of next meeting: 24<sup>th</sup> May 2019</b>			

Appendix1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	22/03/19	7	Action: Enhanced services to be broken down into LCS rather than practice.	24/05/2019	CC		OPEN
2	26/04/19	7	ACTION: It was requested for the reporting to include KPIs and to be provided per 1000 population.	24/05/2019	WN		OPEN
3	26/04/19	8	Action: DSS to send out the requirement documentation to PCOG members to receive virtual sign off from the group for onward travel to PCCC.	24/05/2019	DSS		OPEN

Reviewed by

## PRIMARY CARE OPERATIONAL GROUP NWS Part 1

### Unapproved MINUTES

<b>Date</b>	Friday 26 <sup>th</sup> April 2019	<b>Time</b>	12:30-14.00
<b>Venue</b>	North West Surrey CCG, Room 1,58 Church Street, Weybridge, Surrey KT13 8DP		

#### Members/ Attendees:

	<i>Name</i>	<i>Title</i>
<b>Chair</b>	Claire Fuller (CF)	Deputy Chief Finance Officer, North West Surrey CCG
	David Clippingdale (DC)	Practice Manager Operations, Woking Locality
	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
	Helen Snelling (HS)	Head of Primary Care Contracts, North West Surrey CCG
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Vanessa Doshi (VD)	Contracts Manager, NSHE
	Gigi Langlois-Person	Primary Care Contracts Manager, NWS CCG
	Liz Reynolds (LR)	Practice Manager Operations, Woking Locality
	Paul Coppini (PC)	Primary Care Contracts Manager, Surrey Downs CCG
	Kathryn Edwards (KE)	Engagement Officer Healthwatch Surrey
	Suzanne Case-Green	Primary Care Contracts Manager, Guildford and Waverley CCG
<b>In Attendance</b>	Linda Honey (LH)	Associate Director of Medicines Management
	Georgia Laws (GL)	Project Support, Primary Care Team
	Jess Bungay (JB)	PA to AD of Primary Care Commissioning and Development
	Dan Shelton-Smith	Project Manager, Online Consultations
<b>Apologies Members</b>	Mandeep Singh (MS)	Primary Care Finance Manager
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs

	<i>Name</i>	<i>Title</i>
	Lucy Moreton (LM)	Primary Care Workforce Tutor
	Steve McCarthy (SM)	NWS Patient Representative
	Dr Paul Sodhi (PS)	GP Representative – SASSE Locality
	Dr Asha Pillai (AP)	GP Representative – Thames Medical Locality
	Cathie Sims (CS)	Practice Manager Operations, SASSE Locality
	Tracy Amatt (TA)	SS LMCS Medical Director
	Dr Deborah Shiel (DS)	GP Representative – Woking Locality
	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care, North West Surrey CCG
<b>Apologies Attendees</b>		

<b>Item No.</b>	<b>DISCUSSIONS AND NEW ACTIONS</b>	<b>BY WHOM</b>	<b>DEADLINE</b>
<b>1</b>	<b>Welcome, Introductions and Apologies</b> The Chair welcomed members and attendees; apologies were received as detailed above.		
<b>2</b>	<b>Declarations of Interest</b> <ul style="list-style-type: none"> <li>To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete</li> <li>To receive any declarations of interest pertinent to items on this agenda</li> </ul>		
<b>3</b>	<b>Quorum *</b> As the required quorum was met, the Chair declared the meeting open.		
<b>4</b>	<b>Minutes from last meeting on 31st March 2019</b> The minutes from the last meeting were reviewed and agreed to be an accurate record of the meeting pending the following changes; <ul style="list-style-type: none"> <li>Kathryn Edwards to be changed to Sam Botsworth</li> </ul>		
<b>5</b>	<b>Matters Arising from last meeting: Action Log</b> Please see appendix 1 for the Action Log.  The action log from the last meeting was reviewed and updated accordingly.		
<b>Agenda Items</b>			
<b>6</b>	<b>Finance reports month 12</b>  CF delivered the attached finance report for month 12.		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>This month's report had been shortened slightly to share with members the delegated co-commissioning position.</p> <p>There has been a capacity issue within the finance team, this has been due to the team delivering a core set of accounts for year-end. This has now closed and there is work being undertaken to supplier the auditors with the documents they require.</p> <p>The full length paper will come back to PCOG in May. The team have committed all the reserve from the start of the year. The contingency has been as per regulation but 0.5% had been released in line with NHSE expectations.</p>  <p>Finance report.pdf</p>		
7	<p><b>Care Navigation training</b></p> <p>NM noted that the Primary Care Team had been working very hard to support practices over the last month with the drop down of the new contract and Network DES. NM reported that the structure of the Primary Care team had changed and there would be three Heads of Primary Care to sit with the ICP/CCG areas. This would provide a stable presence within each organisation.</p> <p>NHSE wrote to the CCG's recently to say that they would like to use a different methodology in the way that they push funding down through the ICS. Currently the GPFV money goes into each of the local systems. This money will now be released to an ICS and this will be for 4 program areas;</p> <ol style="list-style-type: none"> <li>1. Practice resilience funding</li> <li>2. Retention programme</li> <li>3. Reception and clerical training</li> <li>4. Online consulting</li> </ol> <p>In order to facilitate and implement the new way that NHSE push this funding down MT has had to sign an MoU. All of the money will sit at NWS CCG, this is due to the finance team at NWS dealing with all the delegated budgets for Surrey Heartlands.</p> <p>A presentation was delivered at then last Practice Council that articulated the money that had been received through GPFV and what this had been spent on.</p> <p>NM presented an attached paper on the Care Navigation funding. Through GPFV funding money had been made available to CCG's to support practices in training reception and clerical staff for active signposting. This would enable practices to provide backfill for staff to undertake this training.</p> <p>Through training of reception staff, patients would be provided with a first point of contact to direct them to the most appropriate source. In addition to the training the CCG have secured an IT format that integrates with</p>		

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	<p>EMIS and System One. This uploads information as to the services available across the Surrey Heartlands.</p> <p>The new GP contract gives PCN's access to a social prescriber. Following conversations with practices it was recommended that the money made available for Care Navigation Training is devolved based on population to PCN's.</p> <p>The CCG can't confirm the distribution of the money until each PCN have confirmed to the CCG their registered population as part of the network DES.</p> <p>The CCG have to report back to NHSE on the use of this funding so an MoU will go to PCN's if agreed by PCCC. There will be some reporting required by PCN's to the CCG.</p> <p>The recommendation to PCCC is to approve devolved funding of the Care Navigation money to PCN's. This was agreed by the members of the meeting.</p> <div data-bbox="300 891 360 958" style="text-align: center;">  </div> <p style="text-align: center;">Care Navigation.docx</p>		
8	<p><b>Medicines Optimisation QDS scheme 19/20</b></p> <p>LH attended the meeting regarding finance element 4 of the 19/20 QDS scheme. This had been presented to the members a few months ago around the proposed quality delivery scheme for 19/20. Out of that meeting there was a request to explore element 4. This looked at a payment to practice level based on a delivery of budget.</p> <p>The monetary value was at the greatest value of 20p, this was then graduated depending on achievement. There was a request to look gain share which would be potentially in line with the new contract moving forward.</p> <p>An options paper came to the last PCOG presented by Andy Law. After reading the minutes LH's understanding of the discussions was that there were concerns at moving toward a network approach for 19/20 whilst the PCN's were in their infancy. The preference of the group was to stick with the QDS already in place but with the reassurance that for 20/21 this will be driven by the new contract.</p> <p>LH noted that this piece of work would be a collaborative effort across the Surrey Heartlands Medicines management teams.</p>		
9	<p><b>Online Consultations</b></p> <p>Dan Shelton Smith Project Manager for Online Consultations attended to update on the status of the Online Consultations pilot.</p> <p>The original purpose for attending the meeting was to ask for approval on a procurement options paper. Due to changes with the PCN's and the</p>		

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	<p>procurement hub attendance to the meeting has had to be changed to a verbal update on the status of the pilot.</p> <p>Originally the project was looking to go into procurement over the next few months. A number of sites across the Heartlands have been piloting products.</p> <p>Over the last month the NHS procurement framework that manages the suppliers has been reworking its requirements to bring it into line with the Long Term Plan. The requirements have not yet been signed off and this has been paused due to the forming of NHSX. The procurement hub is waiting to see what NHSX will want from the requirements.</p> <p>The advice to CCG's have been to continue with their procurement but to issue break clauses to the online procurement suppliers in case their products aren't developed in line with the new requirements. DSS noted that this was risky, the CCG would not want to roll out a product and 18 months down the line change provider.</p> <p>There are questions around the NHS app and the impact this may have. The app will be soft launched from the 18<sup>th</sup> May and practices will begin signing up to this. Online consulting providers are required to integrate with the NHS app but as it stands NHS digital are only taking two suppliers through the integration at this stage.</p> <p>East Surrey are coming back into the procurement and the team are looking at ways to integrate them back into the project.</p> <p>Based on conversations with the CCG's the team are looking to align the online consulting to the PCN level. The procurement could ahead and shortlist suppliers that could be presented to PCN's to fit to the local population. The benefits mean this could compliment extended access provision through federations.</p> <p>DSS noted that deployment of an online consulting products would commence in October to support the requirements within the new GP Contract.</p> <p>In order to get sign of the requirement documentation DSS asked if this documentation could be sent out virtually to the group in order to reach sign off. This was agreed by the group.</p> <p><b>Action: DSS to send out the requirement documentation to PCOG members to receive virtual sign off from the group for onward travel to PCCC.</b></p>	DSS	31 <sup>st</sup> May 2019
10.1	<p><b>Commissioning and Development Assurance Tracker</b></p> <p>GL gave an update on the commissioning and development assurance tracker, now renamed the Primary Care Programme of Works. It was noted that the tracker has now been updated and the projects of work have been mapped with the NHS Long Term Plan and the GP Contract, resulting in new schemes and milestones.</p> <p>The assurance report has now been updated and will feature the following structure:</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
10.2	<p>Part 1: PCOG Recommendations</p> <ul style="list-style-type: none"> <li>- Part 1 will give an executive summary, and reflect all of the recommendations made at each of the Surrey Heartlands PCOGs.</li> </ul> <p>Part 2: Programme Delivery</p> <ul style="list-style-type: none"> <li>- Part 2a: Provide a snapshot of the new opportunities and developing schemes within the programme of works.</li> <li>- Part 2b: Update on open project risks and issues, achievement or slippage of key milestones, and highlight any areas that require support within a project.</li> <li>- Part 2c: An overview on whether the schemes are delivering the expected benefits and will reference a new Programme Outcomes Dashboard which is under development.</li> </ul> <p>Part 3: Primary Care Performance</p> <ul style="list-style-type: none"> <li>- Will reference a new Primary Care Performance Dashboard which will show whether we are on track against the plan and trajectories that are submitted to NHS England as part of the monthly Planning returns.</li> </ul> <p>Part 4: Managing Demand and Unwarranted Variation</p> <ul style="list-style-type: none"> <li>- Summarise the findings from statistical analysis and benchmarking of Surrey Heartlands referrals, A&amp;E attendances, NEL admissions activity, identifying areas for quality improvement and outlining the work underway by the CCG to proactively support practices and reduce variation.</li> </ul> <p>Part 5: Population Health management</p> <ul style="list-style-type: none"> <li>- This section requires further consideration as to the content but will likely provide assurance on the work underway to manage the health of the Surrey Heartlands population.</li> </ul> <p>GL noted that a draft paper will be going to PCCC and will be shared electronically with the group.  <b>Action GL to share the draft Primary Care Programme of work assurance report with the members of PCOG after its presentation at PCCC on the 10<sup>th</sup> May</b></p> <p><b>Extended Access</b></p> <p>SE presented the attached paper. The paper looked at the data gathered from the 5 Improved Access providers across the Surrey Heartlands.</p> <p>There are seven core aspects of the contract with providers and what is expected of them;</p> <ol style="list-style-type: none"> <li>1. Timing of appointments</li> <li>2. Capacity</li> <li>3. Measurement</li> <li>4. Advertising</li> <li>5. Ease of access</li> <li>6. Digital</li> <li>7. Effective access to wider whole-system services</li> </ol>	GL	31 <sup>st</sup> May 2019

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>The CCG has conducted an open mystery shopper by contacting all of the practices across the Surrey Heartlands and asking them about the Improved access provisions to gage an understanding of how this is being offered to patients. There has been a varied response from practice receptionists. This has been feedback to respective federations but there is further work required to reiterate to practices about the promotion of this service.</p> <p>It was agreed that this would be re-addressed at GP locality meetings and the members of PCOG would support these conversations with their GP colleagues.</p> <p>It was noted that there should be a centralised number for patients to book into the improved access and this would be feedback via contracting meeting with the federations. These appointments could also be subcontracted through Care UK in order to support this provision.</p> <p>NM noted that the paper should consider what is the expected delivery for their contract for a year and to have this joined up to the A&amp;E figures to determine if this is having an impact on the wider system.</p> <p>GL noted that she would include information surrounding the additional extended access appointments after a LIVI appointment had been made.</p> <div data-bbox="300 1025 363 1093" style="text-align: center;">  </div> <p data-bbox="248 1095 416 1146">Extended Access reporting.pdf</p>		
11	<p><b>Primary Care Risk Register</b></p> <p>As per PCCC (March 2019) directive, the Primary Care Risk Register was presented and reviewed at PCOG prior to PCCC submission.</p> <p>It was suggested and agreed to at this PCOG meeting that all new risks would be tabled and discussed by PCOG members (for content accuracy and appropriateness) prior to adding to the Risk Register.</p> <p>It was also suggested that the executive summary is included in the PCOG Risk papers (as it is in the PCCC papers).</p> <p><b>Action: An executive summary to be included to the Risk register for future presentation to PCOG.</b></p>	GLP	31 <sup>st</sup> May 2019
12	<p><b>Primary Care Issues Log</b></p> <p>As per PCCC (March 2019) directive, the Primary Care Issues Log was presented and reviewed at PCOG prior to PCCC submission.</p> <p>It was suggested and agreed to at this PCOG meeting that all new issues would be tabled and discussed by PCOG members (for content accuracy and appropriateness) prior to adding to the Issues Log.</p> <p>It was also suggested that the executive summary is included in the PCOG Issues papers (as it is in the PCCC papers).</p> <p><b>Action: An executive summary to be included to the Issues log for future presentation to PCOG</b></p>	GLP	31 <sup>st</sup> May 2019

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
13	<p><b>LCS review timescales</b></p> <p>There has been an issue into the way the 3 CCG's have commissioned their LCSs. There are AQP contracts in post which are similar to other LCSs within other CCG's. This has delayed the review being conducted. There are LCSs that would be looked at to align across the heartlands quickly. SE and HS would review these and circulate to the PCOG members for thoughts and comments.</p> <p><b>Action: SE/HS to circulate to PCOG members LCSs that could be aligned across the Surrey Heartlands.</b></p>	GLP	31 <sup>st</sup> May 2019
<b>AOB</b>			
14	<p><b>AOB</b></p> <p><b>14.1 Imperial Docman letters</b></p> <p>Imperial College Hospital see patients across the Surrey Heartlands. An IT glitch was identified similar to the Docman CAS alert. Letters have come done from the hospital to the practices but sat within an inactive hub and didn't make it to the practices.</p> <p>It was noted that this had been happening for a few years before it was identified by the hospital. Patients had been treated at the hospital and the practices had never heard about the outcomes for their patients. This was through no fault of the practice.</p> <p>The Primary Care team have been working with Imperial College colleagues to rectify the issue for practices so that the practices receive the documents that they should have. This does mean that the emphasis is on the practice to check if there have been any significant events that have happened to their patients.</p> <p>Following the national Docman CAS alert the CCG had been instructed to pay practices for the work that they had to undertake as a result. The Imperial College hospital is at fault for this issue, CS had spoken with London wide LMC and the CCG will lobby back to the hospital to recompense practices for the work they will need to undertake.</p> <p>It was recognised that Surrey Heartlands CCG's where some of the only CCG's that had adopted the methodology taken to PCCC to recompense practices for the Docman CAS alert.</p> <p><b>14.2 PCN's</b></p> <p>Practices have been given some time to come into a collection of PCNs and by the 15<sup>th</sup> May need to confirm their PCN's to the CCG. The CCG's hope PCN's will report early due to the tight turnaround time placed upon CCG's to support this process.</p> <p>NM asked that if colleagues knew they were in a PCN to confirm this to the Primary Care Contracting as quickly as possible.</p>		
15	<p><b>Recommendations to PCCC</b></p> <p>The following recommendations and notifications were made to PCCC.</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<ul style="list-style-type: none"> <li>• <b>Agenda item 6</b> – To Note The month 12 report is slightly shorter to highlight the delegated co-commissioning position, whilst the finance team have been processing year-end accounts for the Surrey heartlands CCG's</li> <li>• <b>Agenda item 7</b> – To approve To devolution of Care navigation funding to PCN level.</li> <li>• <b>Agenda item 8</b> – To Note &amp; approve The QDS scheme for NWS would continue until 20/21 when it would be driven by the new contract and deliver at a PCN level.</li> <li>• <b>Agenda item 9</b> - To Note Procurement of the Online consulting products had been halted until the NHS procurement framework had reworked its requirements in line with the long term plan. Virtual sign off of the procurements requirement documentation would be reached virtually through PCOG for onward travel to PCCC.</li> <li>• <b>Agenda item 10.1</b> – To Note The new structure of the Primary Care Programme of Work assurance report.</li> <li>• <b>Agenda item 10.2</b> – To Note To be amended to include utilisation period for the whole service and over the Christmas period. The weighted population sizes to be added into the report and the impact on A&amp;E attendances to be considered within the final draft of the report.</li> <li>• <b>Agenda item 11</b> – To Note An executive summary would be included in the risk log for its future presentations to PCOG.</li> <li>• <b>Agenda item 12</b> – To Note An executive summary would be included in the risk log for its future presentations to PCOG.</li> <li>• <b>Agenda item 13</b> – To Note As part of the LCS review Primary Care Commissioning and Contracting would circulate to PCOG members LCSs that could be aligned quickly across the Surrey Heartlands for comments and review.</li> <li>• <b>Agenda item 14.1</b> – To Note The Primary Care team are working with Imperial College Hospital to identify patients that practices will need to carry out risk assessments on following their IT glitch through DOCMAN.</li> </ul>		
Meeting Closed at 1.45pm			
<b>Date of next meeting: 31<sup>st</sup> May 2019</b>			
Signed and agreed by:			
Date:			

Appendix 1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	26/4/19	9	Action: DSS to send out the requirement documentation to PCOG members to receive virtual sign off from the group for onward travel to PCCC.	31 <sup>st</sup> May 2019	DSS	Update:	OPEN
2	26/4/19	10.1	Action GL to share the draft Primary Care Programme of work assurance report with the members of PCOG after its presentation at PCCC on the 10 <sup>th</sup> May	31 <sup>st</sup> May 2019	GL	Update:	OPEN
3	26/4/19	11	Action: An executive summary to be included to the Risk register for future presentation to PCOG.	31 <sup>st</sup> May 2019	GLP	Update:	OPEN
4	26/4/19	12	Action: An executive summary to be included to the Issues log for future presentation to PCOG	31 <sup>st</sup> May 2019	GLP	Update:	OPEN
5	26/4/19	13	Action: SE/HS to circulate to PCOG members LCSs that could be aligned across the Surrey Heartlands.	31 <sup>st</sup> May 2019	SE/HS	Update:	OPEN
6	29/3/19	6	Action: CF to look into the SMI LCS and its funding through the LCS budgets and if this could be transferred to the mental health commissioner.	31 <sup>st</sup> May 2019	CF	Update:  CF updated at NWS that the funding decisions for the year have been closed as a set of the accounts. As part of the review for 20/21 the funding for this LCS would be reviewed.	Closed