

Primary Care Commissioning Committee

Meeting Minutes

Tuesday 5th February 2019 4:15 – 5:15 p.m.
St Paul's Church, Crawley Ridge, Camberley GU15 2AD

Present	Andrew Lloyd (AL) Jon Fox (JF) Carol Bewley (CB) Maria Millwood (MM) Emily Timms (ET)	Lay Member Chair, Primary Care Commissioning Surrey Heath CCG Head of Primary Care, Surrey Heath CCG Head of Finance, Surrey Heath CCG Healthwatch Surrey, Volunteer Representative Assistant Contract Manager, Surrey Heath CCG
Apologies	Nick Spence (NS) Helyn Clack (HC) Rob Morgan (RM) Deborah Seago (DS) Darren Tymens (DT) Maggie Parish (MP)	Assistant Head of Primary Care -Medical Contract, NHS England Surrey Health and Wellbeing Board Representative Interim Managing Direct & CFO, Surrey Heath CCG Head of Quality, Surrey Heath CCG Surrey and Sussex Local Medical Committee Practice Manager Upper Gordon Road, Member Practice Representative

Agenda	Item	Action
1.	Welcome and Introductions, Apologies and confirmation of Quoracy AL, chair of the meeting, welcomed members of the Committee and received apologies as above. There were no members of the public present at the meeting. The Committee was deemed to be Quorate.	
2	Declaration of Interests The committee has a complete register of interests. AL declared an interest as a patient of Lightwater Practice for purpose of CQC report under Item 5. <i>The conflict was noted by the Committee.</i>	
3.	Minutes of the last meeting – 6th November 2018 The minutes of the meeting held on 6 th November 2018 were accepted as an accurate record and were approved with no comments or amendments.	
4a	PCCC Action Log Review 22/05/1 Action 2 – GP Practice Feedback on Delegated functions: JF updated an ongoing action to be monitored if any negative feedback. MP has not raised any dissatisfaction on behalf of practices but continues to monitor. 22/05/18 Action 6 - PCQG Reporting to PCCC JF updated that the Quality Dashboard is currently being developed by the Frimley ICS. This will provide the basis of reporting to the Committee but as this requires system wide initiative the dashboard is still in development. Karen Hampton is on a secondment, DS joins the CCG as the Head of Quality for 12 months. 06/11/18 Action 1 – Non-conflicted clinical committee member JF advised the CCG hold a regular liaison meeting with the LMC, DT attended the	

	<p>meeting in January 2019 with JF. This action was discussed and the suggestion of Dr Amanda Wellesley has been put forward. Dr Amanda Wellesley is a secondary care A&E consultant with primary care interface and is also a representative on the Surrey Heath Governing Body. No objections on behalf of the LMC were raised by DT. The committee raised no objections and JF will therefore approach Dr Amanda Wellesley to attend as a non-conflicted clinical committee member. Action: JF</p> <p><i>The committee noted the action tracker and gave approval for the way forward for Action 6.</i></p> <p>Risk Register JF informed the committee that the format of the risk register has been updated to align with the SHCCG overarching risk register, which is reported at the monthly Integrated Performance Meeting (IPM). All risks associated with delegated primary care are reported at the IPM and escalated, as appropriate. All open risks updated, as follows:</p> <p>Contact variations for GMS contracts - JF reminded the committee of this risk in respect of partnership changes not being notified early enough to the CCG. The CCG will continue to remind practices of the minimum 28 day notice period. This risk was reviewed at IPM and lowered as it is deemed to be an improved position and manageable risk.</p> <p>Rent reviews: JF advised the risk was due to historical rents being undertaken and an unknown financial impact of any adjustments to rent as a result. A majority of reviews have now been completed and the risk level reduced, a further update will be provided as part of Item 5.</p> <p>QOF Clinical Coding JF informed the committee of a new risk involving a national issue for QOF 18/19 as a result of the deployment of business rules into GP Practice systems. The deployment has highlighted incorrect mapping to SNOMED codes leading to the inclusion/exclusion of particular codes. This discrepancy means there is a potential QOF reconciliation issue for achievement payments to practices. This is a national issue and a resolution action plan is being implemented by NHS Digital, the CCG will monitor and report as appropriate. CB provided further context, advising QOF Aspiration is paid to practices in 12ths throughout the year with a final achievement payment signed off in April. Prior to sign off the CCG will need to undertake data validation, highlighting any anomalies in the data; for example high achievement in last year's QOF and low achievement this year. AL queried how potential issues such as this would be mitigated and CB confirmed it may mean an interim payment is made, however guidance from NHSE may be forthcoming as to mitigating actions should the coding issue not be resolved.</p> <p><i>The committee noted the update.</i></p>	
4c	<p>Operational Leadership Team –Primary Care Commissioning Update No delegated decisions to report to OLT.</p>	

<p>5</p>	<p>Primary Care Finance and Contracting Report – Inc. Budget Performance</p> <p>CB presented the paper summarising the CCG’s position against the following areas:</p> <p>NHSE Handover and Outstanding Issues.</p> <p>5.1 Interpreting Services CB updated that the CCG formally requested to join the North West Surrey CCG procurement for interpreting services, NWS CCG has since confirmed that the procurement will be across Surrey Heartlands ICS only, however NWS CCG wouldn’t preclude other CCG’s being associates to the contract, once the contract has been let. The preference would to become an associate to the contract with NWS CCG; however SHCCG has flexibility to extend the existing contract with current providers from September 2019 for 12 months. SHCCG will continue to explore procuring interpreting services on a Frimley ICS footprint; however the CCG understands North East Hants and Farnham CCG and East Berkshire CCG are not yet delegated for this contract and it is still managed centrally by NHS England. The CCG will continue to link with NHSE and NWS CCG to be kept informed as either take decisions on interpreting services.</p> <p>5.2 Clinical Waste CB confirmed that the contract with the new provider Anenta has been signed with a start date of 1st April 2019.</p> <p>5.3 Rent Reviews CB informed the committee that a total of six notional rent reviews were outstanding at handover, the CCG now has 4 rent reviews completed with minimal rent increases, and this has therefore been accounted for internally rather than recharging to NHSE. CB explained some reports have not yet been shared due to an issue around abatements where community services occupy space. CB explained if practices are owner occupiers and a private provider is operating in the practice, the rent should be abated and only GMS space reimbursed. CB will be taking a paper internally on the implications for community services to agree a way forward. The learning from this has been shared with the procurement team. Action CB.</p> <p>5.4 Primary Care Commissioning Audit CB updated the committee that following delegation of primary care commissioning, TIAA undertook internal audits of two areas:</p> <p>Audit 1 -Key Finance Controls: As the CCG were newly delegated, one area of focus was financial controls from 1st April 2018. Substantial assurance was attained with three minor issues, all issues have been addressed.</p> <p>Audit 2 - Governance Systems JF advised this audit focused on review of governance arrangements including Terms of Reference and Primary Care planning. The draft audit report was received post writing of the report for the Committee, JF and CB will share the outcome of this audit at the next meeting of the committee. Action JF and CB.</p>	
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	<p>5.5 Financial Summary – Month 9</p> <p>CB provided an overview of the budget summary for delegated primary care for the period to the end of December 2018. Against the year to date budget of £8.2m the position shows an under spend of £149k year to date and the CCG is on track for its current forecast outturn. The following were noted:</p> <ul style="list-style-type: none"> • Small underspends have been noted against seniority payments and clinical waste, however recharges for clinical waste from the area team has increased recently. • There has been a small underspend on enhanced services claims from practices. • NHSPS is currently undertaking a piece of work for rent reviews involving NHSPS buildings, which are historical but require review since the move to market rents to ascertain any implications; the CCG are accruing for any potential increases. • Aside from the NHSPS review, there are no other financial risk areas. • It was agreed that the budget lines for Occupational Health and GP Indemnity can be removed. Occupational Health is not a delegated function and GP Indemnity costs in 18/19 were met nationally. GP Indemnity is likely to change in 19/20. Action CB. <p><i>The committee noted the paper.</i></p>	
6	<p>Primary Care Quality Group Report</p> <p>JF gave the presentation on behalf of DS and EC.</p> <p>6.1 Lightwater CQC inspection</p> <p>JF informed the committee that Lightwater Surgery was inspected by the CQC on the 19th December 2018. The report has been published and the Practice has been rated Good overall across patient groups and all areas. In 2016, Lightwater were rated outstanding for effectiveness, JF explained this shouldn't be interpreted as a deteriorating position as it is difficult to get and maintain outstanding as CQC continually look for innovation or improvement.</p> <p>Recommendations to the practice:</p> <ol style="list-style-type: none"> 1) Improve identification of carers in the population. 2) Increase cervical smear rates <p>JF advised recommendation 2 sits within the Frimley ICS to review and increase immunisation and screening rates.</p> <p>MM queried why in particular the carer's identification was made a recommendation; JF clarified this is a general recommendation applicable to all practices.</p> <p>MM advised as no areas of quality concern it is difficult to know how we will know when things are going wrong and whether an interim solution should be sought whilst the Quality Dashboard is awaited. JF advised that the technicalities of building a system wide Dashboard need to be addressed and data sharing agreements in place. MM advised as no areas of quality concern it is difficult to know how we will know when things are going wrong and whether an interim solution should be sought whilst the Quality Dashboard is awaited. DS and EC will be asked to provide quality data for assurances purposes in the interim whilst the ICS Quality Dashboard is awaited. Action DS/EC.</p>	

	<p>JF advised CQC revisits will be underway and other practices can expect visits.</p> <p>No Quality Exception items reported.</p> <p><i>The committee noted the report.</i></p>	
7	<p>Any Other Business No other business raised.</p> <p>MM advised the CCG may be interested in understanding local PPG's, most of which are held virtually. UGR holds a PPG and MM advised this is a positive forum and does make a difference as it is reasonably active. A carers event for PPG worked quite well.</p>	

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