

Primary Care Commissioning Committee

Meeting Minutes

Tuesday 26th March 2019 4:15 – 5:15 p.m.
St Paul's Church, Crawley Ridge, Camberley GU15 2AD

Present	Andrew Lloyd (AL) Jon Fox (JF) Rob Morgan (RM) Deborah Seago (DS) Amanda Wellesley (AW) Tanya Betts (TB)	Lay Member Chair, Primary Care Commissioning Surrey Heath CCG Head of Primary Care, Surrey Heath CCG Interim Managing Director & CFO, Surrey Heath CCG Head of Quality, Surrey Heath CCG Non-Conflicted Clinical Member, Secondary Care Consultant Financial Controller, Surrey Heath CCG
Apologies	Nick Spence (NS) Helyn Clack (HC) Darren Tymens (DT) Carol Bewley (CB) Maria Millwood (MM) Emily Timms (ET) Maggie Parish (MP) Caroline Warner (CW)	Assistant Head of Primary Care -Medical Contract, NHS England Surrey Health and Wellbeing Board Representative Surrey and Sussex Local Medical Committee Head of Finance, Surrey Heath CCG Healthwatch Surrey, Volunteer Representative Assistant Contract Manager, Surrey Heath CCG Practice Manager Upper Gordon Road, Member Practice Rep Lay Member Patient & Public Engagement

Agenda	Item	Action
1.	<p>Welcome and Introductions, Apologies and confirmation of Quoracy AL, chair of the meeting, welcomed members of the Committee and received apologies as above. Caroline Warner apologised for not attending and would not be able to attend until September due to current commitments. There was one member of the public present at the meeting.</p> <p>The Committee was deemed to be Quorate.</p>	
2	<p>Declaration of Interests The committee has a complete register of interests. The register of interest was noted.</p>	
3.	<p>Minutes of the last meeting – 5th February 2019 The minutes of the meeting held on 5th February 2019 were accepted as an accurate record and were approved with no comments or amendments.</p>	
4a	<p>PCCC Action Log Review</p> <p>22/05/1 Action 4 – GP Practice Feedback on Delegated Functions: There have been no communication issues identified and once the first full year's cycle has completed, the action will be closed in April.</p>	

<p>4b</p>	<p>22/05/18 Action 6 - PCQG Reporting to PCCC DS attended the meeting for the first time and gave a presentation on Quality. Agenda item 6. Action to be closed.</p> <p>06/11/18 Action 1 – Non-conflicted clinical committee member Amanda Wellesley attended her first meeting as the non-conflicted clinical member. Action to be closed.</p> <p>Risk Register</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 the Integrated Performance Management meeting (IPM) and lowered as it is deemed to be an improved position and manageable ongoing risk.</p> <p>Rent Reviews: A paper went to the CCG’s Operational Leadership team (OLT) on the 15th March 2019 regarding the 3rd Party occupancy of GP surgeries. Rent cannot be reimbursed to a Practice by NHSE for the cost of room space used by 3rd parties. Three Practices have therefore had rent reimbursements abated following rent reviews by the District Valuer. The practices were unaware that they could have charged for the use of room space and the cost of the premises had not built into the original community services contract. The recommendation of OLT was to reimburse those practices for the abated rent and to ensure that the next community Services contract has estates charges included.</p> <p>QOF Clinical Coding The Clinical IT System provider(EMIS) have installed an updated Rule Set and reporting is now believed to be correct. Will leave on the register as a risk until QOF 18-19 end of year has been agreed.</p> <p>Action: to Reformat the Risk Register so it is readable in print and on presentation slides (too small)</p>	<p>TB/JF</p>
<p>4c</p>	<p>Operational Leadership Team –Primary Care Commissioning Update</p> <p><i>The committee noted the update and approved the recommendation of OLT re rent abatements above.</i></p>	
<p>5</p>	<p>Primary Care Finance and Contracting Report – Inc. Budget Performance</p> <p>TB 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 The Interpreting Services Progress Report was presented and approved by the Committee in September 2018. The two providers, Sight for Surrey and Language Line have both signed</p>	

contracts for a period of 12 months. Activity with both providers remains steady and no issues have been reported by practices.

At contract end, on the 31st September 2019, the CCG will either become an associate to the contract with North West Surrey CCG, providing this is approved by their Board or extend the existing contract with current providers for a period of 12 months, as allowed for in the original contract. Currently, the NWS CCG procurement is inviting public feedback on interpreting services and therefore is still ongoing.

5.2 Clinical Waste

As reported at the 5th February 2019 Committee meeting, the CCG has been served notice by the current provider of clinical waste management services, Kent and Medway. NHS England has undertaken a procurement process and awarded a Framework agreement to ‘Anenta’ for the management of clinical waste, the CCG has agreed to sign a contract from the 1st April 2019 for this service. Anenta will be providing training and communications directly to practices in terms of implementation and ongoing support.

There is a different clinical waste management contract in place for the management of sites under NHS Property Services (NHSPS); therefore, Old Dean Surgery will be moving to being managed by NHSPS from 1st April 2019 along with Ash Vale and Camberley Health Centre.

5.3 Rent Reviews

The CCG reported at previous meetings of the PCCC that of the 10 practice sites, 6 required an updated District Valuer (DV) valuation, some of which date back to 2013, the remaining 3 sites are NHS Property Services buildings. The CCG has actively progressed rent reviews and is pleased to report that the DV has undertaken rent reviews on 4 of the 6 outstanding notional rents. 2 rent reviews remain outstanding, the CCG understands the surveyor for our area has been on long term leave and has escalated the two outstanding reviews to the Senior Surveyor, at the time of writing the CCG awaits a response to confirm when the surveyors will undertake the reviews.

5.4 Financial Summary – Month 11

Against the year to date budget of £9.97m the position shows an under-spend of £291k year to date. This mainly reflects the release year to date against the delegated reserve held by the CCG. In the forecast position the CCG has now reflected a forecast under-spend of £320k.

There are small underspend seen previously year to date for dispensing fees, and personally administered drugs payments have now either reduced significantly in the case of the former and into an overspend in the case of the latter reflecting the seasonal nature of these payments.

The CCG has shown underspends based on actual charges for clinical waste, interpreting and syringes where expenditure is being recharged from NHSE. Funding for rent reviews and moves to market rent has been released in the overall position.

The CCG has its most significant overspend on locum costs standing at £82K year to date. This reflects a significant number of maternity claims and some long term sickness.

The committee noted the paper.

<p>6</p>	<p>Primary Care Quality Group Report</p> <p>DS made a presentation on how quality of Primary Care Services is monitored and managed; this was to give assurance on the concerns of not having an exception report. DS also explained the ongoing work being done jointly with North East Hants & Farnham CCG to work more effectively and smarter. The new Quality dashboard will be presented at the Quality Committee meeting being held next week and will then be able to share at next PCCC meeting.</p> <p>Serious Incidents (SI) are received within 24hrs, these then have a root cause analysis conducted and any investigations carried out. Learning is used across the whole System, not just Surrey Heath CCG.</p> <p>Inspections – the Quality Team chose to go or requested to undertake reviews, looking at care homes with Adult Social Care at the moment. Inspections are by consent and used to ensure governance and safety. The Quality Team are entitled to visit providers the CCG commission.</p> <p><i>The committee noted the report.</i></p>	
<p>7</p>	<p>TIAA Internal Audit Report</p> <p>TIAA had conducted an audit of the governance systems relating to delegated functions in December and January, the CCG achieved ‘Reasonable Assurance’ rating which was felt to be a satisfactory achievement given it was the first year of taking on delegated responsibility.</p> <p>A number of recommendations had been made in the report which the CCG will implement over the coming year. The most significant of these is to prepare a Primary Care Strategy document which also sets out how the CCG will manage delegated functions over the next two years. The Committee were informed that a single Frimley ICS Primary Care Strategy is in the process of being written and should be finalised by June 2019. The CCG will then look to add an addendum to that strategy document to reflect management of delegated functions in Surrey Heath.</p>	
<p>8</p>	<p>Investment and Evolution: A Five Year Framework for GP Contract Reform</p> <p>JF presented an overview of the most significant changes to how Primary Care Services will be delivered over the next 5 – 10 years as a result of the new Primary Care Networks agreement and NHS Long-term Plan.</p> <p>A new network contract is being introduced as a Directed Enhanced Service (DES) bringing substantial new investment. As this is funding coming under delegation from NHSE, it will fall within the scope of PCCC.</p> <p>The first year is very much about forming the networks so that they are ready to deliver new national service specifications in the following year. There is a Schedule of Financial Entitlements which includes specific recurrent funding for additional Workforce, Clinical Director Roles and contribution towards network running costs. Network contracts go live from 1st July.</p> <p>First step is for Practices to register and apply to the CCG to participate in the Network Contract</p>	

	<p>DES, this has to be done by the 15th May with the following 6 pieces of information to be provided:</p> <ul style="list-style-type: none"> i) the names and the ODS codes of the member practices (ii) the Network list size, i.e. the sum of its member practices' registered lists as of 1 January 2019 (iii) a map clearly marking the agreed Network area (iv) the initial Network Agreement signed by all member practices (v) the single practice or 'provider' that will receive funding on behalf of the PCN (vi) the named accountable Clinical Director. <p>Defining of the networks will be a practice led process – it's not for the CCG to direct. The Surrey Heath Practices will be having an Extraordinary meeting on the 16th April to discuss PCNs. LMC will be in attendance. Every Practice has a right to participate but it is not mandatory. As funding will be through this route it is expected every practice will want to participate. CCG and ICS have an obligation to ensure that all list are covered – in the event agreement can't be reached by the practices, the CCG and LMC will work together to try and resolve any issues.</p> <p>PCNs must make sense to the constituent Practices, other Community based providers that will be expected to dovetail with PCNs and to the Community they serve. By the 31st May CCGs and ICS will confirm all the networks at the same time to ensure there is full geographical cover.</p> <p>A National network agreement template is due to be published on the 29th March. This will set out how the network will work together collaboratively to deliver services, covering governance, decision making, manage funding flows and how it will work with other community based providers. This will also include a data sharing agreement for patient and non-patient data.</p> <p>The detailed timetable is included in the attached slides but the 1st July is when the contract funding starts.</p> <p>There are potential conflicts of Interest that could arise as a result of this within the CCG resource that will need to be reviewed and how to hold the PCNs to account if network members also sit on CCG meetings/steering Groups. The terms of reference for this Committee will probably need to be reviewed, this needs to be kept as a standing item for a period and brought up within OLT once the governance relating to PCNs is better understood.</p> <p>Action JF: - to keep the Committee informed of progress and issues</p>	JF
9	<p>Any Other Business</p> <p>No other business raised.</p>	